THAI BREAST CANCER PATIENTS:

EXPERIENCES AND VIEWS ABOUT PHOTOGRAPHS OF OTHER

WOMEN WITH THE SAME DISEASE

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In dedication to:

My parents,

to Women who have experienced with breast Cancer, and

to societies both the West and the East. Without any of these,

my research would not fulfill with insightful experiences

of their illness experiences.

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INTRODUCTION

Cancers are highly diverse, requiring different treatments and prognoses. More than one hundred different types of cancers have been identified, and twenty-four different types of cancers occur in the different parts of human bodies (Barhar 2003). In particular, breast cancer is one of the major causes of death among women throughout the world (Wonghongkul et al. 2006). It is the second most common cause of cancer death in Thai women (Thongsuksai et al. 2000) and in the United States (Wonghongkul et al. 2006).

In Bangkok, Thailand, every 20.5 in 100,000 women will be diagnosed with breast cancer (Jordan et al. 2009). In the United States, every one in eight women will be diagnosed with breast cancer before the age of 85 (Schag et al. 1993; Mols et al. 2005). Due to advances in breast cancer detection and treatments, women's chances of surviving are increasing (Lopez et al. 2005). In the United States breast cancer survivors represent 22% of the estimated 10.1 million cancer survivors and 40% of all female cancer survivors (Knobf 2007). The term 'survivor' shifts the perception of cancer patients from victims to survivors who have been "cured" of cancer but still experienced its physical and emotional impacts—'permanent survival.' Patients may face problems with employment and insurance to resume a full life. Also, patients may experience discrimination of various sorts, for example, problems with marital relationships after breast cancer (Mullen 1985).

Interestingly, some women living with breast cancer are faced with positive changes such as a sense of personal growth, as well as learning to manage feelings of vulnerability and uncertainty in their lives after being diagnosed (Bower et al. 2005; Knobf 2007;

Nelson 1996; Wonghongkul et al. 2006). These women deal with their emotional and physical changes by adopting various coping strategies, such as praying (Mathews et al. 1994); covering themselves with decorations such as prostheses, wigs, hats, and scarves (Ucok 2005); attending self-help groups (Bishop et al. 2001; Mathews 2009); revealing their spiritual and emotional well-being through art (Amaya 2004; Barhar 2003; Bell 2006; Cartwright 1998; Frith and Harcourt 2007; Predeger 1996); participating in breast cancer activist groups (Klawiter 1999); keeping busy with activities and work (Nelson 1996); relying on physicians and providers (Barhar 2003; Nelson 1996) and receiving support from families and friends (Fife 1990).

Quantitative breast cancer research tends to focus on factors such as level of uncertainty and quality of life (QOL) (Wonghongkul et al. 2006; Mols et al. 2005), psychosocial distress (Schag et al. 1993), and psychosocial responses (Knobf 2007; Vivar and McQueen 2004). On the contrary, most qualitative breast cancer research tends to emphasize the stories of women with breast cancer such as breast cancer illness narratives, sometimes with photographs (Amaya 2004; Bell 2002, 2006; Cartwright 1998; Hoffman 2004; Nelson 1996).

Photography plays a vital role in the process of *self-formation* through the works of art produced by women with breast cancer (Amaya 2004; Bell 2006; Cartwright 1998). For instance, Matuschka's post-mastectomy photographs implicitly reveal the art of beauty and illness as pride and strength. Matuschka's work represented an individual's artistic work and incited social action from the Western society by challenging the medical profession and the institutions of patriarchy. She showed an aesthetic examination of her own body by producing self-photographs after her surgery (Amaya

2004). Self is socially and culturally produced; to assess patients' works of art through documentary films, paintings, sculpture, and photographs can open our understanding of embodiment and the illness experience. These various kinds of art are considered postmodern because they move beyond text-based evidence to gain understanding of women's lived experience of illness and to show how women demystify self and bodies, construct meaning in the production, and display of their art to the public (Bell 2006). Viewing artists' books and photographs is an effective strategy to reduce the distance between the knowers and the subjects; it tells people's stories more than just relying on words or texts. It produces a sensational experience for viewers, including knowers, which is useful for social science understanding by providing a thick description (Bell 2006). The self-portrait photography of women with breast cancer illustrates their identities through images of the notions of beauty, gender, and race. Due the fragmented world of postmodernity, art acts as the alternative media to force people to rethink the politics of community, solidarity, and cultural differences in attitudes toward breast cancer (Cartwright 1998). In other words, the works of alternative media not only focus on the artist's courage to show the breast cancer story, such as Matuschka's self-portrait photographs, but to provide the other side of illness as a signifier of unpleasant experiences with cancer.

Despite the publication of photographs of women with breast cancer, we know very little about how these kinds of photographs—the postmodern artistic photographs, are viewed by Thai women who have had breast cancer. My study aims to fill this gap by using photo-elicitation interviews (PEI) with 15 Thai women who have experienced breast cancer; it is a replication of Blinn-Pike et al.'s (2008a, 2008b) research. She

showed American women postmodern photo books of other American women, consisting of various kinds of breast cancer operations such as single or double mastectomies and breast reconstruction. To do this will broaden our sociological knowledge about breast cancer and multicultural societies.

PRIOR RESEARH AND SIGNIFICANCE

Much of the social science research on breast cancer identified three main themes: **(A)** *The Self, Belief, Body, Identity, and Breast Cancer*, **(B)** *Photography and Breast Cancer,* and (**C**) *Illness Narratives and Breast Cancer.* These themes are discussed below.

The Self, Belief, Body, Identity, and Breast Cancer

"Illness challenges identity. Sense of time and routine, relationships, and body undergo significant change" (Hall 1998:255). Relatively little research (Jirojwong and MacLennan 2002; Sirisupluxana et al. 2009; Wonghongkul et al. 2006) has examined the impact of breast cancer among Thai breast cancer survivors. Researchers found that breast cancer affected susceptibility and self-efficacy in Thai women (Jirojwong and MacLennan 2002). They suggested that Thai women might feel vulnerable and lack the confidence to receive breast -examinations or mammograms because women's cultural beliefs and health education may determine their perceptions of the risk of having breast cancer. The Sirisupluxana et al. (2009:64) study discovered that breast cancer impacted on Thai women's values, spirituality, and religious or philosophical beliefs. Researchers pointed out that breast cancer and conventional therapy made Thai women face a sense of fearfulness, hopelessness, and powerlessness; they might seek complimentary therapy (CT) such as relying on a sense of cheerfulness, Dharma—the doctrine or the teaching of the Buddha, and meditation to gain the mental strength to cope with cancer disease (67). In addition, Thai women believed that cancer could spread if their internal bodies were toxic. They might rely on healthy foods as a cancer-controlling treatment (66). The

Wonghongkul et al. (2006:250) study found that long-term Thai breast cancer survivors were faced with side effects of breast cancer that influence their uncertainty, stress appraisal, coping, and quality of life. Researchers pointed out that a level of uncertainty in Thai women was higher than reported in long-term American breast cancer survivors (255). Researchers also noted that after diagnosis, treatment, and chemotherapy, Thai women were faced with the challenge to survive. Seeking social support was the coping strategy used to reduce stress and enhance psychological and quality of life among breast cancer survivors (255). In addition, researchers pointed out that breast cancer also influenced social-well being such as distress in the family (sexual problems, self-isolation, and relationships with others). Breast cancer research in Thai women illuminated my thoughts to explore how they experienced and created meaning beyond self, body, belief, and identity regarding the illness.

According to American breast cancer research, the previous studies (Ucok 2005; Hall 1998; Pelusi 2006) suggested that women's appearances were threatened by disease because of ruined self-identities due to side effects after surgery and treatment. Ucok (2005:296) referred to stigmatization as a major concern for breast cancer survivors who experience temporary or permanent visible bodily changes. Ucok found that changes in physical appearances due to radiation, chemotherapy, and/or surgery highlighted the women's feelings as a "deviation in appearance" compared to other women and their bodies before surgery. This is because "they experienced the transformations in one's self and social interaction in relation to the changed visual and tactile bodily experiences of survivors" (Ucok 2005:313). Like Ucok (2005), the previous studies (Pelusi 2006; Henson 2002; Schover 1991; Matinez 2006) examined how the impact of breast cancer

affects sexuality, body image, and intimate relationships. They found that changes in body image after breast cancer and its treatment, such as the impact of mastectomy, might have detrimental effects on sexuality, sexual response, sexual roles, and relationships. These studies allowed us to see more how breast cancer illness caused women to feel vulnerable regarding their sexuality and body image. Hall (1998) suggested that women's bodies are part of their identities, and are "socio-culturally produced" and reproduced through "social relationships" (Hall 1998:255). Hall found that illness threatens women's identities because it makes the individuals look closer at their bodies and selves and make decisions about their own bodies that were altered due to the menace of illness.

However, Kaiser's (2008:80) study pointed out that survivor identities are often represented as 'triumphant, happy, healthy, and feminine'. Kaiser found that women might believe that they are breast cancer survivors who won the battle and could overcome the disease and felt pride for having the strength to make it through treatment, and proudly wore pink symbols of breast cancer (83). The identity of breast cancer survivor can be conceived of as a 'tool' that women use to become a certain kind of person by crafting their meanings of the disease experience. Kaiser claimed that women used survivorship to organize the self and life as self-conscious construction. Nevertheless, Kaiser also discovered the negative meaning of the survivor identity due to feelings of 'uncertainty' and 'fear of cancer recurrence', which are similar to the previous studies (Nelson 1996; Suls and Mullen 1981; Hilton 1988). Kaiser's study is insightful and the findings are congruent with the Charmaz (1995) study. Charmaz indicated how the body, identity, and self-changes relate to the illness experience and self-adaptation of

patients who have had serious chronic illnesses such as breast cancer. Charmaz found that the ill person deals with physical changes and begins to define his/her illness as real. They struggle with their new bodies, hope to regain their past identities, and restore a missing sense of self. They cope with changes in bodily appearance, especially in women with breast cancer who tried to hide their mastectomy scars by wearing cosmetics to camouflage their vulnerability. Charmaz (1995:668) suggested that bodily change leads to changed identity goals. They make bodily assessments and identity trade-offs when attempting to weigh their losses and gains and to revise their identity goals. Their identities are influenced by how society responded to their physical appearance regarding their illnesses. They redefined themselves and interacted with other people around them such as families, friends, and doctors to suitably adjust their new identities towards self-appearance. Therefore, Charmaz proposed that some surrendered to the sick body as self-transformation by being aware of their ill body, accepting and desiring to have health improvement in the future; whereas some may lose their sense of self and hope.

Furthermore, the Charmaz (1983) study also indicated that if women with breast cancer can overcome their illness; it becomes a tool for self-discovery and later self-development. When ill persons receive positive reflections of self in interaction with others, they are more likely to regard themselves positively. Hence, illness experiences allow people to explore and evaluate themselves. Having breast cancer is a complex experience. Even if some women feel strong and believe that they can beat their disease, they are still afraid of its recurrence. The more the uncertainty, the greater the opposition to breast cancer illness. However, it is hoped that by showing postmodern artistic photos of women with breast cancer to Thai women with breast cancer, we can better understand

how they deal with their breast cancer illness and their bodies, selves, and identities attached to them by social processes. Such an action may reveal in-depth thought towards their selves and illness experiences.

Photography and Breast Cancer

The first main theme in this literature is the role of photographs in the lives of women with breast cancer. Research suggests that photographs and other forms of alternative media, for example poetry, are part of a process of self-expression toward breast cancer illness (Amaya 2004; Bell 2002, 2006; Cartwright 1998; Frith 2007, Hoffman 2004; Predeger 1996).

Photography acts as a 'medium of communication' (Bell 2002:7) and 'the visual anchor'—the visual depiction of the teller and the story (Hoffman 2004:390) to exhibit individuals' stories with breast cancer illness in an aesthetic way. Hoffman suggested that photography, poetry, and music are powerful sources of storytelling and allow audiences to join and experience women's journeys with breast cancer (2004:394). This is why art is considered as "another effective tool to express people's internal sense of truth toward their breast cancer stories because art deals with emotional narratives of insightful events of women with breast cancer (2004:392)."

Photographs are a useful channel to tell stories of individuals who suffered from chronic pain and different illnesses such as breast cancer. Women's surgical scars can mediate 'symbolic languages' through personal public expression. In other words, scars act as vehicles for expressing pain and establishing an emotional link between the artists and the audiences (Kupper 2007). This is why photographs can produce important case studies of women living with breast cancer by fulfilling the 'signifier' or 'identity' of

individuals in the pictures. Suggested explanations for these findings are very useful to investigate in order to gain insight into people's lived experiences of illness, not only from texts and words, but depending on non-verbal and visual languages as well.

Like the Hoffman (2004) and the Kupper (2007) studies, Cartwright (1998) also focused specifically on an alternative media—locally produced media of breast cancer, including art photography and film. The goal was to illustrate that art photographs and film can effectively represent women's identities with breast cancer and can be used for a public voice to reflect experiences of illness and to fight against a mainstream media—globally produced media, which promotes standards of beauty and femininity to breast cancer patients. Cartwright (1998) referred to Matuschka's work of art and her breast cancer. She acted against mainstream media by showing her beauty and not trying to hide the illness by using scarves, breast prosthesis, or cosmetics. Matuschka, a fashion model in the 1970s, is one of the activists who exposed her scars as physical evidence of breast cancer surgery.

Cartwright (1998), Amaya (2004), and Bell (2002) referred to Matuschka 's photos as the process of *self-formation* by revealing the truth of her bodily beauty and scars with pride and strength, and not trying to hide the reality of illness. Moreover, Bell's (2006) research also explored other works of art produced by Jo Spence, a British feminist who showed photographs of herself and her scarred breast in small galleries, health centers, and community centers; and Martha Hall who produced artists' books in order to show both textual and symbolic representations of her body after cancer. Spence's photographs showed how she felt and lived with her breast cancer by using her own body to represent gender, family, and the female body. Spence used her photographs

to question and contest the power of western science and physicians by showing herself as an active patient. Likewise, Hall used her artist's books to represent the world of breast cancer in which she was living. These works of art present how women with breast cancer become activists and find alternative ways to show their illness experiences. These are useful for encouraging women living with breast cancer to view their illnesses by respecting the self and body.

According to Blinn-Pike et al. (2008a, 2008b)—the model for this study, researchers explored how 15 American women who had experienced breast cancer reacted to and related to the post modern artistic book, named "The Winged Victory" (Myers and Marrocchino 1996). It included nude photographs of women with breast cancer. They also examined the women's recommendations concerning use of book. The results suggested that the photographs in the postmodern book serve as a trigger to discover unconscious motivations and attitudes regarding women's lived experiences with breast cancer. To investigate "reactions, relatedness, and recommendations" of women to the postmodern artistic photo book, each theme was measured as followed. Reactions referred to how women who have had breast cancer responded to the postmodern artistic photo book, whether postmodern, modern, or a combination (modern and postmodern). Researchers found a "sense of hope" as the dominant reaction toward the book. However, there were three women who had reactions more extreme than the majority. One woman desired not to view this book at all, and this was considered a 'modern view' or a desire to keep the physical realities of breast cancer hidden from public view. On the other hand, one decided to use the book in her home to open up discussions about women's breasts with her sons, and one desired to use this book as "a

coffee table book" in her home to open up discussions about breast cancer with visitors. The last two cases were coded as 'postmodern views' because of the desire to use and share this book in public.

Relatedness referred to how each woman connected to the women in the book by telling their own stories based on modern, postmodern, or both perspectives. The findings of relatedness revealed various themes from the women's link to the women in the photographs, including a) mortality based on a postmodern view (accepting self), b) decisions concerning breast reconstruction based on both views (concerning both reconstruction and no reconstruction), c) decisions concerning surgical procedures based on a modern view (feeling uncertainty about surgery), d) marital relationships after breast cancer based on a postmodern view (accepted by husband after breast cancer), and e) body image based on a postmodern view (accepting changes in body images and loss of hair after breast cancer treatment); the last theme referred to each woman's recommendation for when, how, and where a book like this would best be used to help other women with breast cancer. Their suggestions were coded as having a modern versus a postmodern perspective. The authors found that only one woman desired not to use thee book at all (considered as a modern view by desiring to hide and keep their illness away from the public). The Blinn-Pike et al. (2008a, 2008b) study was very useful to my study because I applied and replicated their approach. I investigated three themes—reaction, relatedness, and recommendation based on postmodern, modern, or the combination of perspectives among Thai women and explored how the postmodern artistic photo book served as a trigger to allow these Thai women to tell their illness stories. Moreover, we need to know more about women's cross-culture lives, how illness

was shaped through Asian society, and whether or not the photographs in this postmodern book can be useful to use in the West as well as in the East. In particular, through this research project I hope to improve the future direction of the breast cancer experience in Thailand.

Illness Narratives and Breast Cancer

"Illness narratives refer to 'the story-telling' and 'accounting practice' that occur in the face of illness" (Gabe et al. 2007:82). It is important to observe human culture and its myths and narratives (Gabe et al. 2007). Freidson (1988:205) defines 'illness' as a 'social state', which is created and shaped by humans in the particular culture. Kleinman (1998:29) proposed that illness narratives are important to study for two reasons: 1) patients with chronic disorders need to have 'a witness to suffering'; and 2) illness narratives help ill persons to address the questions that relate to "Why me? Why now? And what can be done?" In other words, illness narratives help ill persons, such as women living with breast cancer, to express their feelings of the transcending illness experience to society, which the medical model finds difficult to answer.

Regarding breast cancer narratives, breast cancer patients must continue to live with their disease and must face the long- and short- term side effects of surgery, chemotherapy, and radiation; as well as live with scarring and discomfort (Love and Linsey 2000). They must also adapt psychologically to bodily changes, losing part or all of their breasts. Given the centrality of breasts to cultural images of femininity, the adaptation that occurs after experiencing breast cancer is challenging (Bahar 2003:1026). Due to the fact that cancer has been considered as a chaotic, uncontrollable invasion of the body that needs to be controlled and mastered through different kinds of "heroic

exploits" (Bahar 2003:1027), the 'role of the female breast cancer patient' may result in assuming: (A) "a passive role": to place their lives under the basis of medical dominance, versus (B) "an active role": to resist and to challenge the notion of medical dominance and society (Bahar 2003:1027; Fox 1994:24). The former is viewed as a modern view, and the latter is viewed as a postmodern view (Hall 1998). These two perspectives (modern versus postmodern) are presented below.

Modern Illness Narratives

The modern perspective relates to the ideas of 'medical dominance' based on the 'biological model' (Hall 2005:257) that views patients' bodies and disease as being under the control of the medical establishment (docile body) (Fox 1994). Foucault (1980) also defined 'medical dominance' as when physicians act like the observers and develop both an expertise and control over patients' bodies. On the other hand, patients take their responsibilities for submitting their bodies to the physicians who lead the medical system as true active heroes in the modern world (Hall 1998:257). Patients with a modern perspective believe that their diseases will be cured, and they can overcome their illnesses and return to normal (Frank 1995). To follow the modern view, women with breast cancer are considered vulnerable (Hall 2005). They seek medical support from doctors who have the power to control patients' bodies. Patients also deal with feelings of fear and helplessness, and the desire to receive care from the healer (Fox 1994:98). The body becomes 'passive', no more than a vehicle for the inscription of history, incapable of resistance (Lash 1991:261).

Regarding a modern view, Good et al. (1990) found that oncologists encourage patients to develop a 'fighting spirit' and to join the team of health personnel in order to

'beat' the disease. In this regard, Parson (1951:436-7) described a theory of the "sick role" in which the patient who desires to get well makes every effort to seek care and cooperate with providers. In such a depiction, the cancer patient is encouraged to become a 'hero-survivor' and is locked in moral combat with the enemy disease (Mathews 2000).

Moreover, Klawiter (1999) explored the concepts of social movements and cultures of actions towards the local terrain of breast cancer activism. Klawiter analyzed the ways in which gender styles and emotions are publicly mobilized and enacted, and how breast cancer activism discursively engages the authority and priorities of science and medicine. He found that one of the activist groups supported by the Susan G. Komen Breast Cancer Foundation, named 'Race for the Cure' presented the idea based on 'a modern view'. The purpose of this activist group is to persuade women with breast cancer to rely on science and surveillance medicine. This breast cancer support group raises money from survivors and the public to support and develop the medical and research establishments. They provide women with breast cancer with free hair products, cosmetics, lotions, and perfumes within clear plastic Vogue bags. Besides, they promote breast cancer awareness by distributing 'pink ribbons' and breast self-exam brochures. They offer fitness, nutrition, beauty, and fashion products to breast cancer survivors, such as breast prostheses. Klawiter suggested that this activist group tries to promote the notions of femininity and the power of medicine. In other words, the 'Race for the Cure' group views the breast cancer body as "the heterofeminine, resilient body—the repaired, reconstructed, body beautiful—responsive to medical treatment and safe from the specter of recurrence" (Klawiter 1999:122). Like the Klawiter (1999) study, Ucok (2005) examined the reported experiences of breast cancer survivors. Ucok found that breast

cancer survivors conform their bodies to other expectations to maintain social interaction by covering their bald heads with hats or scarves, undergoing breast reconstruction, wearing wigs, and using breast prostheses. These strategies are to help patients maintain their pre-cancer selves and social relations with others. Women with breast cancer in both Klawiter (1999) and Ucok (2005)'s study presented their bodies using the cultural definition of beauty, femininity, and gendered appearances based on a modern view. Similarly, Hall (1998) discovered that some women in his study desired to put their bodies in the hands of medical professionals. For instance, one woman had a good relationship with her physicians and believed they always took good care of her. Another felt warmth toward her doctors and believed them while receiving the treatment. Another woman with a modern view felt pressure and was uncertain with her sexuality and appearance after surgery. She also felt that she lost her sense of womanhood and femininity. Hall suggested that women with modern views are secretive voices (desiring to hide their illnesses). They want to keep their stories secret due to living with uncertainty. Hall proposed that women with modern views are passive and rely on outside forces for affirmation and preservation of the pre-diseased lifestyle.

Postmodern Illness Narratives

Whereas the modern view attempts to promote the notion of femininity and medical power beyond women's lives, the postmodern perspective values openness, multivocality, reflexivity, and fragmentation that can help formulate understanding so that one's experience can be claimed (Hall 1998). The goals of postmodernism are uncovering the meaning of illness and emphasizing its implications (Fox 1994; Hall 1998). Women's bodies in the postmodern view are not the organic bodies of medicine.

However, the body of interest here is a non-organic and political surface, which Fox called *"a Body-Without-Organs"—dependence upon social meanings or upon symbol and metaphor* (Fox 1994:36). The Body-Without-Organs is not constrained in space and time; it represents the self as subjectivity in which the subject adopts new bodily strategies and emphasizes the 'active' character of this process, referring to the 'performative acts' by which identity is constructed (Fox 1994:143). The patient's body becomes active, not being a docile body to the medical establishment. Patients in the postmodern view realize their illnesses in terms of life changes and attempt to seek new meaningful lives (Frank 1995). Hall (1998) provided interesting examples of women considered to have postmodern views. Hall found that they became actively engaged in new behaviors and lifestyles, despite the setback of illness; claimed the self, the body, and the illness by questioning the cause of suffering; and accepted themselves and bodily appearance by resisting wearing breast prostheses and undergoing breast reconstruction.

The previous studies of art and breast cancer based on a postmodern view (Predeger 1996; Bell 2002, 2006; Amaya 2004) pursued how women with breast cancer reflect their inner selves through the works of art that they produce. Artwork is a feminist method of inquiry in order to illuminate the long-term cancer experience and expression through interrelating, sharing, and collective support among women with breast cancer. Women survivors use art as a way of healing, which allows them to see more clearly how artwork serves as a tool to reveal women's inner creativity (Predeger 1996). Predeger found that photography, watercolor, collage, poetry, and the desire to combine words with images predominated as symbolic representations of the experiences of living through breast cancer. Women in Predeger 's study began using cameras to document

every aspect of living with cancer. Predeger (1996) suggested that using this method of feminist process allows women to share their cancer journeys and discloses women's spirits through their artwork. In other words, such actions allow the meaning of living with breast cancer to become visible through art, to relieve their vulnerability, to stimulate insights, and to represent the experience of care. My research aims to consider photographs in a postmodern art book of breast cancer, and uses them to trigger Thai women's spirit and their experiences from different cultural perspectives in order to understand the participants' journeys through breast cancer in Thailand. Using art, such as included in photo books, along with poems and poetry from women who had experienced breast cancer, is an effective way of expressing illness experiences. It allows patients to assess themselves, and shares the meaning of living with chronic illness. In other words, art combined with sociological understanding can reveal the spirit, soul, and strength of women survivors of breast cancer.

Like Predeger (1996), Bell (2002, 2006) explored works of art produced by two women with breast cancer —Martha Hall and Jo Spence who present themselves in text and image to show notions of self and experience. Martha Hall created her artist's book named "Tattoo", a small square book, in order to share her stories about her breast cancer and to provide insights into the medical world of breast cancer, such as the images of marks after radiation therapy and recovery. Hall turned to art as a way to confront and understand the emotional issues brought on by the disease. Like Hall presenting breast cancer as the product of art, Jo Spence, a British feminist, also represented her experience with breast cancer through her self-portrait photographs. She documented her experiences of breast cancer since being diagnosed in 1982. Her photographs showed how she felt

and lived with breast cancer. Spence used her own body to represent gender, family, and the female body. More specifically, Bell (2006) suggested that Spence's photographs could provoke debate and encourage action toward situations that exist outside the photographic frame. For example, Spence used her photographs as a tool to narrate her illness experience and especially to stimulate public awareness. Bell (2006) describes Spence's photographs as 'verbal narrative' going beyond oral and textual accounts and bringing the body into social science research. Similarly, Amaya (2004) discusses Matuschka's photographs as the process of self-formation after undergoing a mastectomy in 1991. Matuschka, a fashion model and artist, used art as self-expression of her body because she desired to communicate the ideas of beauty and illness to raise public awareness. Amaya pointed out that Matuschka's photographs are another way to reveal truth towards art production by representing the meanings of 'strong, sexy, and beautiful', even if she had a mastectomy, in order to confront the cultural views of femininity (Amaya 2004:14).

The Bell (2006) and Amaya (2004) studies are relevant to this study because each patient relates to the photographs in a unique way in order to display and build an argument for breast cancer stories. In my research, the postmodern artistic photographs of women with breast cancer were used as a tool for Thai women to express how they relate to the photographs and how the photographs inspire or serve as a means of self-discovery to reveal these women's stories with breast cancer.

STUDY AIMS

This study addressed four questions. First, what do Thai breast cancer survivors experience from diagnosis to their desired return to normality? Second, how do Thai women who have had breast cancer *react* to the books of postmodern artistic photographs of American women who have had breast cancer? Third, how do they *relate* to the photographs, which serve as triggers for telling their own modern versus postmodern stories, or combinations of both views? And fourth, what *recommendations* do they have for the use of books with postmodern artistic photographs of American women who have had breast cancer? To address these questions, this thesis project has four specific aims:

1. To explore how Thai women experience breast cancer.
2. To describe how Thai women with breast cancer 'react' to the books of postmodern artistic photographs of American women with breast cancer.
3. To explore how Thai women with breast cancer 'relate' their illness experiences of breast cancer to photographs of American women with the same disease.
4. To understand the recommendations of Thai women with breast cancer for the use of art books and how these photo books can be used in Asian society.

My research is important because it can build a strong bridge to understanding the cultural differences in viewing the breast cancer illness narratives by exploring the perceptions of women with breast cancer not only from the western culture, but from the eastern culture as well.

RESEARCH METHODS AND DATA

Methodology

For this qualitative study, in-depth interviews were used as the significant strategy to discover the perspectives of Thai women who have had breast cancer. Given that meanings are created through breast cancer disease, I used 'interpretive paradigms' and 'a critical feminist theoretical paradigm' to guide this research process (Esterberg 2002).

Interpretive paradigms will gear us to 'better understand' and 'describe' the meanings that Thai women construct toward their breast cancer experiences. According to Blumer (1969), in order to interpret the realities of social actors, we need to consider how people create their reality towards things on the basis of the meanings that the things have for them (Wallace and Wolf 2005). Blumer's perspective was in congruence with my study because I am attempting to understand how Thai women attribute meanings to such photographs that include stories of American women with breast cancer.

A 'critical feminist theoretical paradigm' helps us to understand women's lives, "get inside" the everyday lives of women in order to uncover the "subjective experience" and "give voice" to women (Nagy and Leckenby 2004). The feminist approach helps to understand the effects of culture beyond illness, to change and to improve the quality of women's lives and health status for the future. Therefore, to achieve the study's aims, this study used in-depth-interviews, that included viewing on artistic photo book, to understand insightful experiences of Thai women with breast cancer.

Researcher Role and Motivation for study

This study involves several concerns about reflexivity. Reflexivity refers to the process of self-conscious reflection on the part of the researcher that can be expected to

have an impact on the data due to differences of race, class, and gender (Murphy and Dingwall 2003; Nagy 2004). I shared some of my experiences with Thai women I studied. I am a young female Asian (Thai nationality) researcher, age 25, in a sociology department conducting my thesis project on 'Thai Breast Cancer Patients: Experiences and Views about Photographs of Other Women With the Same Disease.' My cousins and my grandmother have had breast cancer, which allowed me to more easily understand and relate to the participants' experiences and perspectives. Moreover, because of being the same nationality as Thai participants I was particularly well positioned to complete this research. I have already been in the social world I studied. It was relatively easy to earn their trust, develop rapport, and interview them.

However, there was the potential for me to be biased regarding the findings because of my Thai nationality. This could influence the quality of data due to being the same nationality as my participants—Thais. I attempted to eliminate these biases by working with my faculty advisors: Dr. Lynn Blinn-Pike, Dr. Carrie Foote, and Dr. Betsy Fife, researchers who carefully reviewed the methodological activities and provided critical feedback on the accuracy and completeness of data collection and analysis in order to minimize the impact of investigator bias. In addition, I tape-recorded the interviews and transcribed them verbatim in English and Thai, which increased the accuracy of what the women said in order to minimize the impact of investigator bias. I also applied grounded theory which consists of various methods for data analysis, including the stages of data collection, analytic codes and categories, memo-writing, comparisons between data and concept, and the emergence of main themes (Charmaz

2006). Each procedure allowed me to stay focused on the participants' words instead of imposing my own viewpoints on the data.

Sample

My research sample was composed of 15 Thai women with breast cancer. After obtaining approval from the university's ethics review in 2009, the local hospital in the city of Ratchaburi, Thailand recruited participants for this study via the telephone, and these participants also gave referrals of others like themselves to participate in this study. The names of the women are fictitious to protect subject confidentiality. The inclusion criteria were A) adult female women (more than 18 years old) with Thai nationality; and B) a diagnosis of breast cancer for at least one year due to ethical concerns about the increased vulnerability of both mental and physical distress in women who are just diagnosed with breast cancer (Schag et al. 1993). Eligibly requirements excluded members of particularly sensitive populations, including women with newly diagnosed breast cancer (less than one year), and women with cognitive impairments. I also conducted pre-screening questions, including basic questions regarding their ages and the number of years since diagnose to ensure that each participant met the criteria or was eligible for this study. Recruitment involved advertising the study by distributing my flyers, including my telephone and e-mail at the local Hospital, and other support groups. I conducted all of the interviews by myself, and the place for interviews (research setting) depended on the participants' decisions as what was convenient for them, such as the woman's home or workplace. I scheduled interviews with eligible participants by the following week after recruiting my participants.

Overall, the Thai women ranged in age from 45 to 74. The mean age was 56.8 (SD = 6.85). Most participants were working class—low income and education (low socioeconomic status). In terms of education, only two women had 4-year college degrees. Thirteen had education below grade 8. Twelve women reported annual incomes below $5,000. The rest- reported incomes between $5,000 and $10,000. Only two reported that they worked full time. One was retired, and 12 women were unemployed. Their occupations ranged from housewives, sewers, shopkeepers, and agriculturists to an anesthesiologist. Three women were single—never married. Eight were married, two were separated, one was single—widowed, and one was cohabiting without marriage. Only two women used to be part of a breast cancer support group. The number of years since their first diagnosis with breast cancer averaged 5.13 years (SD = 3.04). None of them had experienced a recurrence of cancer. Six women had single mastectomies, chemotherapy, and radiation. Two had single mastectomies and chemotherapy. One had a single mastectomy and radiation. Six had only single mastectomies along with taking the drug Tamoxifen. No participants had breast reconstruction. They used only prostheses, which were made from sponge and pieces of clothes. Two women were employed and had social security insurance (the employer-employee and government contributory scheme) (http://www.sso.go.th/en/node/164) by paying out-of pocket 475 baths ($13) per month, and nine women received medical care by presenting the national insurance card named “the Golden Card”. The Golden Card suggests that the insured must contribute the small co-payment charged for treatment in an amount of 30 Baht (85 cents) per one visit, and the rest of the fees were paid by the private hospital and Thai government (http://thaihealthit.org/ThaiHealthSystem.aspx). Two women didn’t use social insurance

due to questioning the quality of national insurance and medical procedures. Instead, they used private insurance, and another two women paid out-of pocket for all of their medical expenses.

Table 1. Participants' Surgery and Treatment Summary*

Name	*Chemotherapy*	*Radiation*
1. Eed	X	X
2. Patthama		
3. Sia		
4. Noi	X	X
5. Lek	X	
6. Aew	X	X
7. Tas	X	X
8. Im		
9. Sue	X	X
10. Pean		
11. Urai		
12. Warunee		X
13. Pen		
14. Nid	X	
15. Num	X	X

*** All had single mastectomies.**

Table 2. Sociodemographic Characteristics of Interviewees (at time of data collection)

Characteristics	*N*	*Percentage*
Age		
46-50	2	13%
51-55	6	40%
56-60	2	13%
Older than 61	5	33%
Marital Status		
Never married/single	3	20%
Married	8	53%
Separated	2	13%
Widowed	1	7%
Cohabited, without married	1	7%
Occupational Status		
Full-Time	2	13%
Unemployed	12	80%
Retired	1	7%
Educational Status		
Below grade 8	13	20%
College Degree	2	13%
Income per Year		
$0-5,000	12	80%
$5,000-10,000	3	20%

Research Instruments and Content

The interviews lasted approximately 1.5 hours each and they were tape-recorded and transcribed. I conducted private in-depth semi-structured interviews (see Appendix B) with mostly open-ended questions. This allowed the participants to share their lived experiences beyond illness. I used ***"Winged Victory: Alter Images Transcending Breast Cancer"***, the postmodern artistic photographs book of women who had more advanced stages of cancer (Myers and Marrocchino 1996) to interview my participants in order to discover how participants reacted and related to the photographs. The Winged Victory

photo book contained 17 photographs of American women who had experienced breast cancer. Sixteen photographs were black and white, and only one was in color. The 17 artistic photographs showed nudity and various types of breast cancer surgery, including breast reconstruction. The photographer of the Winged Victory photo book said that the goal was to reveal the persistence of a women's beauty, strength, and femaleness by showing the beauty in women's life and body through photographs, even if breast cancer is not a good thing and the loss of a breast is something nobody wants (Myers and Marrocchino1996).

For reliability, care was taken in replicating the previous study by Blinn-Pike et al. (2008a, 2008b). First, each Thai woman who was in this study received a copy of the book titled ***Winged Victory: Alter Images Transcending Breast Cancer (Myers & Marrocchino 1996)*** at least one week prior to conducting the interviews, including a series of questions to consider prior to the interview. The questions included: (1) Are there any photographs that "speak" to you or "move" you? (2) Are there photographs that show women you "can" or "can't" relate to because of your own situation? and (3) Are photo books like these helpful to breast cancer patients or survivors in Thailand? Why? Why not?

Second, after the first week, I began to conduct the interviews. Prior to conducting the interview, I introduced myself, my purpose for this research, the goal of the research study, and who was eligible. I asked the participant's permission to conduct the interview and informed her of the potential risks involved in the study, which were included in my informed consent form. I provided my contact information in case of questions and concerns about this research. Third, I gave each participant a $15 gift card for her time in

my study. Fourth, background questions were used to ask the demographic questions: age, race/ethnicity, marital status, career, number of children, and years after diagnosis. Finally, I asked the participant to tell her breast cancer story and discuss her illness experiences, and then to discuss the "***Winged Victory: Alter Images Transcending Breast Cancer Book"***. Each participant was asked to select any picture from the 17 photographs that she would like to talk about first in order to let her control the 'order of photos' and followed by each of the remaining photographs. To do so helped us to discover how Thai women make meanings through viewing photographs of American woman with breast cancer.

Quality Issues

To confirm the validity and increase the reliability of my data, I engaged in the following processes: carefully reviewing codings and categories, being aware of reflexivity issues (impact of self-conscious reflection upon the data), and consulting with my advisor (Murphy and Dingwall 2003). Review of codings and categories consisted of staying close to the data, constructing short codes, always comparing data with data, rewriting memos, and revising dominant themes that emerged from the data (Charmaz 2006).

To address issues of reflexivity in this project, I was aware of my self-conscious reflections throughout the data collection process. I kept field notes about my impressions beyond the data after reading the Blinn-Pike et al. (2008a, 2008b) results and transcripts and after interviewing my participants in order to remain clear about my state of mind and potential biases about the data. In addition, my advisor assisted me throughout the process of data analysis. My advisor also reviewed several drafts and commented on each

stage of the process. While interviewing, I observed my participants' verbal and non-verbal languages, wrote in my short notes about the key ideas that I found, and focused on the data collection process. I carefully recruited each woman to make sure that she met the study criterion. I planned how to write my report to make it more meaningful, and selected quotations to reflect the participants' voices and their experiences with their breast cancer illnesses. These strategies all served to increase the quality of the findings.

DATA ANALYSES METHOD

My research replicated the whole of the 'data analysis' process from the study by Blinn-Pike et al. (2008a, 2008b). Each interview transcript was carefully read to gain 'a sense of the participant's experience.' I utilized 'grounded theory methods' which consist of a set of flexible principles for constructing theories from the analysis of rich data (Charmaz 2006). I transcribed the interview recordings, followed by using 'line-by-line coding'—naming each sentence/ each line of participant's written data to reveal the dominant themes and avoid imposing personal experience. Then, I used focused coding, which represents the most significant themes from the initial codes to make the most analytic sense and to gather repeated themes into categories. Next, I compared categories or significant themes in order to determine which categories were major and minor, and wrote memos to compare responses of different interviewees from 15 Asian (Thai) women. Finally, I used these memos to generate a complete analysis of the data and identify the significance of my analysis in this study. I applied Charmaz's (2006) technique to analyze my data because Charmaz's (2006) strategies helped confirm the validity of my research; it provided a useful analytic framework as well as revealed participants' actions and thoughts. To improve the quality of findings, I used the technique 'member checking' or 'peer reviews' by working with my thesis advisor to make any comments on my interpretation, and review my research findings.

After becoming familiar with data from Thai women, I first analyzed what the women said about the stages they experienced in their breast cancer journeys which might allow us to capture and understand more about their illness experiences in Thailand, before asking them to view the photo book. To do this also provided a good

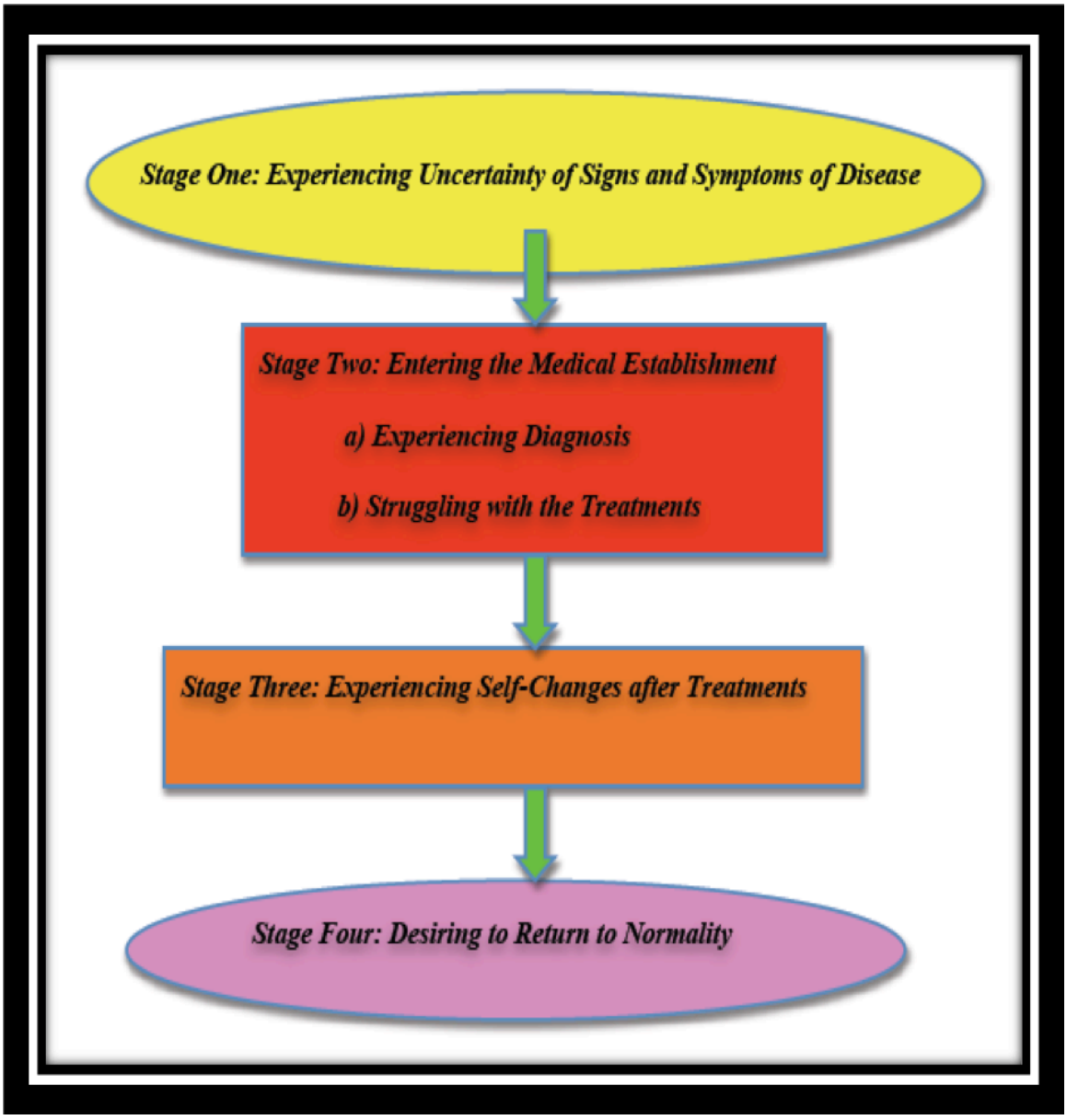
opportunity for each woman to be comfortable about narrating her story prior to viewing the photographs of American women with breast cancer. Then, I examined how women discussed the photographs in the postmodern artistic book by considering three main themes A) reaction, B) relatedness, and C) recommendation. According to Blinn-Pike et al. (2008a, 2008b), '***reactions***' were coded as "modern, postmodern or a combination toward the overall postmodern artistic book. In other words, I analyzed how Thai women attribute their meaning to the use of book, or how this type of book 'speaks' to them. '***Relatedness***' was coded as the same as 'reactions' by focusing on postmodern, modern, or a combination towards the women's stories. However, relatedness would focus more specifically on how Thai women could connect their experiences to the photographs of women with the same disease. Finally, '***Recommendations***' were coded as the individual's suggestion on "when, how, and where" photo books like this would be used to help other women with breast cancer and analyzed whether or not the postmodern artistic book was thought to be suitable for use with Thai women.

FINDINGS

The findings reflected the major themes in the literature review and were presented in the two major parts. The aim in Part I was to better understand the experiences of Thai women with breast cancer by reflecting how Thai women narrated their own stories regarding the illness prior to conducting interviews with the photo book in Part II. I discovered ***the four-stage process of Thai breast cancer survivors' experiences*** including: (a) experiencing uncertainty of signs and symptoms, (b) entering the medical establishment, (c) experiencing self-changes after treatment, and (d) desiring to return to normality. The aim in Part II was to see how photographs of American women with breast cancer could serve as triggers to let Thai women relate to and react to the postmodern artistic photo book. Part II presented ***the results of viewing the postmodern artistic photo book***, which had three specific aims. *Aim one* was to determine how Thai women reacted to the postmodern artistic photo book (feelings towards book). *Aim two* was to describe how they personally related to a set of postmodern artistic photographs (feelings connected to the photographs). *Aim three* was to understand their recommendations for the use of the postmodern artistic photo book with Thai women.

Part I: The Four-Stage Process of Long- Term Thai Breast Cancer Survivors' Experiences

Figure 1. The Four-Stage Process of Long- Term Thai Breast Cancer Survivors' Experiences



Stage One: Experiencing Uncertainty of Signs and Symptoms of Disease

The meaning of uncertainty was characterized as "a perception that ranges from a feeling just less than sure (certainty) to a feeling of vagueness (uncertainty)" (Hilton 1988:220). Experiencing uncertainty about the signs and symptoms of disease was the initial stage before bringing Thai women into the medical system for diagnosis. When the signs and symptoms of breast cancer happened, women in this study often felt fearful, frightened, anxious, fragile, hesitant, and in doubt about the changes due to the signs and symptoms that appeared in their bodies. They were influenced by their cultural beliefs, questioned and wondered what those symptoms signified and meant. They were facing a life-threatening illness and felt unsecure and unsafe.

Patthama, a fifty-three-year-old woman, had only a single mastectomy with no chemotherapy or radiation. She felt vagueness and was not ready to tell anyone when she first experienced breast cancer. She decided to keep her symptoms secret and didn't know what the signs and symptoms were until it got worse. When the symptoms became worse, she turned to relying on social support from friends. Support was essential and influenced women who first experienced signs and symptoms to get better or worse. As Thoits (1995:64) described, the effect of perceived social support appears to be a strong influence on patients' mental health. Patthama, unfortunately, lacked information, which led to her signs and symptoms getting worse. She explained:

> I didn't know that I got it at first. I was just wondering why my left breast was bigger than the right, but I was so embarrassed; I didn't tell anyone. Because- of my embarrassment, I kept it myself. I didn't dare to go see a doctor. There was a yellow liquid came out from my nipple, also blood sometimes, from my nipples. It wetted my bra. I had no idea what was that, but when I took off my bra there was a blood. I asked my friends before seeing the doctor. They said that my hormones worked well and I believed them. I didn't go to see a doctor until it got worse.

Like Pattama, Num, a fifty-year-old woman, had a single mastectomy, but also had radiation, and chemotherapy. She was trapped in her cultural beliefs and also lacked knowledge about breast cancer beyond her signs and symptoms. She described feeling uncertain about her signs and symptoms:

> I was not sure that I got it. Anyway, I felt pain when I laid down. The feeling was like something habituated and ate my breast. Before going to see the doctor, I thought that it was my own person from previous deeds, or a ghost to haunt me because my breast got bigger, and I already put on some balm, but it kept swelling. I left it until it became a lump for one year.

However, some Thai women were well-prepared when experiencing the signs and symptoms of breast cancer. For example, Aew, a fifty-four-year-old woman, who had a single mastectomy, radiation, and chemotherapy, did breast self-exams when taking showers. Aew described her feelings when she found something peculiar in her breast:

> I am quite a person who aware about my breast. Due to my work, I have to dress up beautifully. I like to read a book about dressing. I check my breast when I take a shower, also looking in the mirror. I often checked my breast whether it was in a normal condition or not. One day while I was taking a shower, I stroke my breast and found a small lump. Then, I asked my friend and they said it was alright; it was just a cyst. Two to three months later, I felt that the lump was moving, and it got bigger. I was worried about it and thought that it was an unusual symptom. I decided to go to see a doctor at some public Hospitals.

When women experienced the uncertainty of signs and symptoms, informational and emotional support were necessary for them to proceed with the second stage (entering the medical establishment). Nevertheless, lacking knowledge about breast cancer may have led some of them to delay treatment and have more severe or critical signs and symptoms.

Stage Two: Entering the Medical Establishment

After experiencing the uncertainty of signs and symptoms of the initial stage of breast cancer, the results of the first stage led women to handle their uncertainty by entering the medical system during stage two. They realized they would become ill and tried to protect themselves against illness. Stage two consisted of the two following consequences: a) *experiencing diagnoses* and b) *struggling with the treatments*.

Experiencing Diagnosis. The journey through diagnosis is often a lonely one (Predeger 1996). "You have cancer," was the sentence that changed women from having normal lives to having feelings of uncertainty and loss of control over their lives (Arora 2003). Diagnosis can produce both negative and positive effects for women. In other words, women who are newly diagnosed may access the proper treatment, as well as face the possibility of stigma and discrimination beyond medical care (Sheaff 2005).

When experiencing diagnosis, Thai women in this study often felt shocked, anxious, frightened, fragile, and curious about the doctors' diagnoses. They experienced loss of self and were concerned about the new self that the illness had produced out of the old self (Frank 1993:40). Eed was a fifty-eight-year-old and had a single mastectomy, radiation, and chemotherapy. When Eed knew that she had breast cancer, she was in doubt about the meaning of cancer. Relying on support during diagnosis is crucial for Thai women, the same as in stage one—experiencing uncertainty of signs and symptoms regarding pushing Thai women to undergo treatments. Eed described her feelings of her first diagnosis:

> The doctor told me that I had a malignancy. I was still didn't know what the malignancy was. The doctor answered that malignancy was a cancer. I was shocked and didn't know what to do next. Then, I called my sister who lives in another province and told her that the doctor had appointed

> me to cut the breast off. I hesitated, so I asked the doctor if I had my breast cutting off, could the cutting make the cancer gone. She answered that it did, just cut the breast off.

Like Eed, several women described their first diagnoses as tough experiences. The majority of women reported feelings similar to the following:

> I was confused. I didn't feel alright. The hair on my arm stood up. I was speechless, and there was a spasm feeling from my upper body to the upper part. I was tingled all over. The doctor gently spoke to me that it might not be in the severe stage. In that time I was not sure that I got cancer, then the doctor suggested me to check at public hospital or wherever that they have medical student. I talked to my family; everybody suggested that I should immediately get the remedy at the old hospital; private hospital. I had an operation on 13 February, before valentine (laugh) (Pen, 64 years old with a single mastectomy).

> I was tremble. Someone told me that it was a severe disease. Having a cancer whatever stage you are in; it was a severe thought (Lek, 45 years old with a single mastectomy and chemotherapy).

Several women still believed that 'breast cancer could be cured' after diagnosis. They didn't know before that cancer could have a recurrence and become a life threatening disease. Some doctors used the term "to be cured" as a way to relieve patients' stresses and tensions:

> I was afraid, but I need to be cured. If I waste any more time, it would spread (Urai, 56 years old with a single mastectomy).

> I couldn't accept the truth. I was shocked and laid down when the doctor told me that I had breast cancer. He said that there was nothing frightening in this kind of disease. It could be cured. He told me to relax (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).

> I was very shocked. Then, I told my mother and relatives that I had to have an operation because I got breast cancer. Everybody gave me an encouragement and told me to hurry for the cure (Warunee, 63 years old with a single mastectomy and radiation).

However, one woman named Sia, a fifty-three-year-old woman who had a single mastectomy, felt lucky, not sad when experiencing her diagnosis. She said, "For me, I

don't feel too sad. I think it was lucky that the doctor will cut it off in time."

Interestingly, two women differed from the majority. One woman in this study turned to relying on the Ancient medicine—folk healing. She was noncompliant with the doctors' recommendations by refusing to receive medical care at first. She believed that the sorcery might cure her breast cancer, instead of relying solely on physicians. Another woman refused to receive treatment due to feeling helplessness because of lack support from family and friends and questioning the quality of the national health insurance (the Golden Card program). She decided to be a nun for four months as a way of doing a boon (a thing that is helpful or beneficial for people) before passing away from this world. The quotations were presented respectively:

> I didn't want to go see a doctor. Instead, I turned to a superstitious, a competent exorcist. He healed me by painting some red lime on my breast. It was disappear but wasn't gone, and it became a big pustule in a breast. Then I went to see another exorcist; he spelled a cast, and burnt some silver and gold paper to get rid of it. As a result, the pustule wasn't gone, and after that I went to see a doctor (Paen, 64 years old with a single mastectomy).

> I suddenly lost my encouragement. My mother and relatives all said that having this disease is no way to survive. No one comfort me. My mother also advised me to make up my mind and accept the truth that I was going to die soon. I was under stress. I didn't want to make a call to anyone. I thought that I might not live through a year. I didn't tell my children and my husband. When the doctor appointed me for an operation, I didn't make it because I didn't think that I would live for any longer. Whatever I was going to die soon, I wanted to die happily. Therefore, it was better for me to be a nun. I could die from the operation and couldn't come back to be ordained later (Num, 50 years old with a single mastectomy, chemotherapy, and radiation).

Experiencing diagnosis led the Thai women to manage their illnesses. Before receiving medical care and treatment, several women relied on outside forces such as the exorcist to cure their cancers. Nevertheless, when symptoms got worse, and the results

from outside forces didn't work for them, they turned to the medical system and received care and treatments.

Struggling with the Treatments. Struggling with the treatments was another consequences of the second stage of entering the medical establishment. Their illnesses become the focus of their lives due to dealing with treatment regimens. Women experienced difficult challenges while receiving treatments and drug side effects after treatments. They felt discomfort and suffering from various treatments such as mastectomy surgery, radiation, and chemotherapy. They expressed feelings of fear, sufferance, uncertainty, and evaluations of treatments regarding the medical process. Women described feelings of struggling with 'chemotherapy' in the following quotes:

> When I was chemo, I allergic to it very much. Mine was in the third stage or the final stage. When the doctor gave me a red liquid, my hair fell down since that first needle. I had the irradiations together with chemotherapies, for 28 times, once from Monday to Friday, total for 6 weeks. But I didn't do it in some weeks because my body couldn't resist that because the leukocytes were more than erythrocytes. Then, I had to stop and nourish my health for a week or two (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

> When I was doing the chemotherapy, I felt like there were something crawling on my body. I felt itchy in the whole body as if something crawling on my body, but that wasn't long. Then, I couldn't eat any food for 3 days. I felt nauseas. I was allergic, nauseas, and vomited. All my hair was fall down (Noi, 54 years old with a single mastectomy, radiation, and chemotherapy).

> I did the chemotherapy for 8 times. I got a dizzy and headache. I couldn't sleep and had flatulence since the first day I did the chemotherapy around 25 days. I would be in a bad humor, headache and nauseas if I had a lack of sleep (Lek, 45 years old with a single mastectomy and chemotherapy).

However, one woman refused to receive chemotherapy after her operation and decided to seek her own way to heal her body by using herbs (considered as natural products of therapy), instead of medicine (considered as chemical drugs and toxins in body). She described her feelings as followed:

> After the operation, I felt that I was unhealthy. The doctor told me that I should have the chemo injection for 6 times, but I refused to do that until nowadays because I am afraid if chemotherapy. I seek to find another medicine for myself by using herbs from countryside, decoction, and Chinese herbs. But I am not sure that I would get any worse in the future. I am not taking any medicine now (Pattama, 53 years old with a single mastectomy).

After receiving chemotherapy treatment, several women concealed their baldness due to side effects of chemotherapy by wearing wigs, hats, or scarves in order to maintain their identities.

> In the second week, my hair fell while I was combing my hair. I chose to wear wig. I began to wear a wig because my hair kept falling. I prepared a wig that suited me like a bob style because I work in a hotel. I couldn't wear a hat. I couldn't accept to be bald while walking around outside. I always decorate myself (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).

> It's hot when wearing wig. I didn't wear a hat. I used a scarf instead to make me look good. I will use it when I go out. When I am at home, I just let it be that way (Tas, 74 years old with a single mastectomy and chemotherapy).

Several women described how they felt suffering from the radiation treatment. The following quotes presented how women struggled with the radiation:

> It wasn't painful, I just allergic to it and I had no idea about that. The feeling was just like I was a grilled fish, it was very hot, and there was a noise. I am kind of person with high patience. I went there alone (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).

> During my radiotherapy, my chest was burnt all the way thought the back. It wasn't hot during the therapy, in contrast, it was so cold, and the air-conditioned room was very cold. We had no ideas that it could burn us

> that much because the room was very cold, and the doctor did the radiation again and again. It was then burnt, and I was told to keep that away from water because it could get blister. I helped myself alone at that time. Also, there was a nurse looked after me I was bored with food, and I had low level of immunity. But when I got better, the doctor took me to the radiation again, at a single room. I didn't share with anyone because the doctor afraid that I would be infected. I had irradiation and was nourished by eggs (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).
>
> After 24 times of radiotherapy, there were just some burnt marks on a neck; I wore a shirt to cover it (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> Radiotherapy, I was afraid because the medical appliance looked frightening. The doctor had me to be there alone because it was a dangerous area to body cell. Women will get barren after doing the radiotherapy. When I was doing that, the doctor told me to lie down, and the radiance would circle around me. I have to be in there for about 15-20 minutes. After finished my therapy, the food was tasteless when I have it. And my body, below my face, a half of it got dark like I was burnt by boiled water (Warunee, 63 years old with a single mastectomy and radiation).

Being involved in the medical establishment provided benefits as well as drawbacks among women living with breast cancer. Women received medical treatment while struggling beyond medical procedures. When disease threatened and attacked women's lives, they attempted to protect themselves from disease by relying on social supports from health care providers as well as folk healing as complementary therapy (CT). They buffered the impacts of breast cancer and increased their chances to survive by entering to the medical system from the time of diagnosis until finishing their treatments.

Stage Three: Experiencing Self-Changes after Treatments

Experiencing self-changes was the third stage after completing treatment. Most women considered some changes in their lives after experiencing breast cancer. These

changes influenced both their physical and emotional states of mind. Women compared their present bodies with their past bodies. They assessed the differences between the previous body and now. As Charmaz (1995:662) described, people with chronic illness considered their present body by defining bodily changes and accounting for how changes affected their lives. When experiencing self-changes after treatment, the women felt depressed and worried. Some women were concerned about society because they thought that cancer would be contagious to other people, and some were concerned beyond their bodily appearance. Moreover, some women faced side effects on their emotional and physical well-being. Some also were afraid of cancer recurrence and accepted it as their 'karma'—a Buddhist idea of doing good or bad actions as the sums of a person's action.

Several women described their self-changes after treatment in the following quotes:

> I was so depressed; indeed, I was worried that the society would abominate me. I was worried that the cancer would spread to other people. When I out for lunch or dinner with other, I afraid they will get infected from me. Later, I realized that it wasn't, I felt better. I had that idea at first, but as a matter of fact, it was in contrast; people felt sympathetic for me. My neighbors…when I ate at their food shop, they didn't charge me (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

> I, indeed, don't want to look at myself much. I tried not to care about the body, I get dress right after taking a shower, not looking, care or being serious with these things, not looking, not care, and then I would be happy, keep thinking about it doesn't make thing get better. I fought with it, even if my husband left me. I kept fighting (Sia, 53 years old with a single mastectomy).

> I was moody; it was hot at my face. It is still nowadays. I went to see a doctor; he couldn't heal it (Pattama, 53 years old with a single mastectomy).

> I was so thin and looked shabby, had diarrhea, I lost my weight quickly, from 70 kilograms to 50 kilograms. I had a rash. It was so bad, the doctor told me to stay at the hospital (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> In case it not completely gone, there's chance that it would spread to the other part. If it does, I just think that it's my karma that I had created. I am old and not sure how long I can live (Pean, 64 years old with a single mastectomy).

When women in this study worried about their appearance after treatment, they learned to cope with self-changes by using prostheses, which were made from clothes, sponge, or silicone, to maintain their identities and appearance after surgery. According to Ucok's study (2005:298), women concealed their actual appearance as a strategy of coping with the reactions of others.

The women interviewed said the following:

> I felt uncomfortable when I had to go out. I had to put on some artificial breast (Lek, 45 years old with a single mastectomy and chemotherapy).
>
> I used to wear bras, and then I have to use an artificial thing (Pen, 64 years old with a single mastectomy).
>
> It bothers me when I get dress. Usually, I am an easygoing person for dressing, just a bra without sponge. But after I got breast cancer, I have to worry about putting some sponge before going out. Sometimes, when I forget to put it on, I have to find something such as clothes to use instead of it (Paen 64 years old with a single mastectomy).
>
> It is a silicone wrapped up by clothes. I use it to make my breast look well, balance with the other side (Nid, 54 years old with a single mastectomy and chemotherapy).
>
> I cram the clothes on it not to make it look too flat. I've never bought any sponge. I've heard that some public Hospital distributes sponge, supported breast, and wig. But, I've never been there; I'd love to get one (Sia, 53 years old with a single mastectomy).
>
> I just use a supporting breast when I go out to look as I was…as beautiful as I was (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).

> Sometimes, I use a handkerchief to put on it. The bra has its sponge. I cram it on the removed side of breast to not to make it look too much ugly (Tas, 74 years old with a single mastectomy and chemotherapy).
>
> In that time, there was a nurse selling silicone breast, 4,000 bahts ($114) for each pair. I didn't buy it because it was expensive. I was going to buy a bra with sponge inside, and put some clothes on. I used bra to make it look good, and people wouldn't notice that I got the cancer and asked me why my two breasts are not balance (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).
>
> I think every woman is the same because breast is an important organ for women. Without it, we are not beautiful. The doctor also comforted me, told me that there were sponge to put on and we will look as normal when we put it on. He also suggested me to buy a bra, which supports the breast, to make it look good (Warunee, 63 years old with a single mastectomy and radiation).

However, one woman in this study didn't wear prostheses because of her age, and she felt uncomfortable wearing breast prostheses. Urai said, "I didn't use it because it irritated my skin on the area that the sponge touched, and there was no air circulation to the area. Moreover, I am old; I don't care much about beauty, just to have a good health."

Experiencing self-changes not only made women concerned about their bodies and minds after treatment, it also emphasized the importance the meanings that women gave to their bodies and self after experiencing breast cancer. As Ucok (2005:313) suggested, "…using prostheses was among the coping strategies that helped women to maintain their familiar selves as well as preserve ordinary social relations in surviving breast cancer."

Stage Four: Desiring to Return to Normality

Illness is an "epiphany"—interactional moments and experiences which leave marks on people's lives that can influence and possibly change patients' lives to discover and gain more understanding in the self (Frank 1993:41, 46). In other words, epiphanies

are moments that are privileged in patients' possibility for changing their lives by defining new self after experiencing illness (42). Desiring to return to normality is the last themes of experiencing a four-stage process of Thai women survivors that referred to their recovery from the illness state. They might struggle to return to normality of their pre-illness state, which the Nelson (1996) suggested that returning to women's pre-illness state was an impossible wish (69). Then, women in this study developed their new "normal" to fight with disease due to desiring to return to normalily. Nelson (1996:69) pointed out that women developed new "normals" or new ways of being in the world that included living with the uncertainty of breast cancer. When women desired to return to normality, they learned to manage their emotion and to develop senses of personal growth through transitions in their lives. According to Erikson's (1959) Crisis theory, development stages are systematically interrelated with each other depending on the successful resolution. People who successful resolve problems or crises in the previous stages will lead to the development of personality growth through stage four (desiring to return to normality).

Women in this study applied various self-strategies to fight with disease and to gain control their lives so as to return to normality, including: (A) relying on support from family, friends, and doctors; (B) enhancing human spiritual well-being with Dharma (a Buddhist notion of doing and thinking as a righteous way); (C) putting things in perspective that were meaningful to them; (D) keeping busy with activities such as reading books or exercising, and (E) selecting healthy food and nutrients. According to Hall (1998), submitting bodies to supports such as physicians (the true active hero in the modern world for treating diseases) would be considered as a modern view. Whereas,

resisting relying on solely physicians would be considered as a postmodern view because of implying self-responsibility (living new lives as if being reborn through the experiences through actively engaging in new behaviors and lifestyles, despite setback of the illness). The first theme (A) of self-strategies was considered as a modern view (relying on support as feeling passivity); the following themes (B to E) were postmodern views (gaining new lifestyles and insights from illness experiences):

> I got some encouragement from the doctors, nurses and my family. My mother always told me that it wouldn't be long. The doctor also said that cancer could be cured, it just took time, even the patients with HIV, and they keep fighting (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).

> I have to be patient. No one can help me but me. Everyone around me is my encouragement (crying) to carry on and to be strong. I have to be my own encouragement too. Anyway, after I got through all that, I got stronger, and my body got back to normal condition (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).

> I looked at people who get worse than me. They could survive why couldn't me? My body still working better than those, besides, we have to struggle. I read books, turn to dharma. If I wanted to survive, I need to be strong; I have to fight for my parents, and my family. The doctor was so good, always encouraged me (Lek, 45 years old with a single mastectomy and chemotherapy).

> I have my religion; I go to the temple every Buddhist days, made a boon (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

> The first day when the doctor told me I couldn't even walk, believe it? I sat still there, in front of the doctor's room. I was so shocked that day. Now, I got a new thinking, let myself go on. There are so many people who suffered from the thing like me; some people are worse. Finally, I let it go, made a pray, and made a meditation. I prayed and paid respect to the Buddha to restraint my mind (Sia, 53 years old with a single mastectomy).

> I had made up my mind. I go out with friends, make a boon, and not feeling sad anymore. My husband loves me even my breast was removed (Pean, 64 years old with a single mastectomy).

> I wasn't worried at all. Died is died, it's a natural rule. There's no use getting too much stress or thinking much about it. It will come some day. I am already old. I even give my friend the encouragement to carry on, don't thinking much about it, and do our best. Once we have it, we could cure it then. Do not have too much stress when you get cancer; it will get worse (Tas, 74 years old with a single mastectomy and chemotherapy).

> I think that I am fighting with death. I prefer fight to death to not have a chemo injection because my body can't resist that. I regularly check myself, carry on, exercise, make good things, offer food for a monk, read a book about health, choose a good food, and not eating a grilled or burnt food or a fried burnt food, even a bamboo shoot is unhealthy (Pattama, 53 years old with a single mastectomy).

Illness not only threatened women's lives, but it also provided meaning for people's lives after experiencing with disease. Illness made some women experience a rebirth from the life-threatening experiences by attaching meanings to their illness states because of desiring to return to normality. On one hand, some women found new lifestyles and new senses of lives after experiencing breast cancer, which was considered a postmodern view (gaining the true meaning of life after breast cancer). On the other hand, some women relied on social supports and also gained some valuable lessons to fight with diseases when desiring to return to normality at the final stage. Therefore, even if Thai women may rely on physicians and follow the treatment at first (considered as a modern view), they also learn valuable life lessons from illness and gain valuable insights at the final stage (considered as a postmodern view)—desiring to normality because the life-threatening events can bring about the new life if women can beat, overcome, and handle their illness through a four-stage process of long-term Asian (Thai) breast cancer survivors' experiences.

Part II: The Results of Viewing the Postmodern Artistic Photo Book

Reactions towards the Postmodern Artistic Photo Book

When the postmodern artistic book was presented to Thai women, the majority of women were pleasured to view it. They stated that this book, which included a set of photographs of American women who have experienced breast cancer, gave them "***a sense of encouragement***" to fight the disease. In other words, it gave them a sense to move on for the future.

Eed, 58 years old with a single mastectomy, radiation, and chemotherapy, exhibited a postmodern attitude (gaining new perspectives from the illness experience) towards the book, as she described in the following:

> My feelings when I looked at the pictures, it reminded me that I had a breast cancer. Also it encouraged me. I saw these women who had the same circumstances as me, and that drive me to move on. Some women got worse than me. The whole breast was removed; they still live their lives happily with no stress at all.

Several women were very similar in their feelings towards the book like Eed:

> It makes me keep fighting when I see it. This is the first time I see this kind of book. I feel that she got disease; she's happy with her life though. It encourages me. I realized that I have friends who have the same destiny as me. Like in the cover, I feel that it's a natural thing, it happens without us knowing it. It happens with everybody, every race, the western are have the same decease. Other people also suffer from the same thing. My friend too, moreover, she gets worse. It was sad after seeing these pictures that many people suffered from the same decease as me, cutting off the breast. I missed my breast, but my health came first. These pictures, everybody in the pictures are happy, not feel any embarrassed to show, in contrast, they are happy without breast (Sia, 53 years old with a single mastectomy).

> I feel that I am normal like other people; they are like me. We are in the same destiny. It made me think that patients with this kind of disease could be cured to get better if we know about it early, get to heal early. We can check it. For me, this book is the book of chance. Women in the book are lucky than the others that they knew about it earlier, so they get better in a short time and ready to live their life like other people happily.

> Furthermore, they accepted themselves (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).
>
> It is a useful book. The cover encouraged me to carry on and be happy. It reminded me that I wasn't the only person in the world who got breast cancer. Many women who got this decease could survive without a perfect body (Lek, 45 years old with a single mastectomy and chemotherapy).
>
> I like this book. It gave me some encouragement. Like picture 1— Stephanie, this picture reminded me of the past when I had my perfect breast. I was going to have an artificial breast right after the operation. But the doctor suggested me not to do it because it could lead the cancer to come back again; just wait for more than three years and I could have it (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> It is an example that we suffered from the disease. We still have hope. Don't give up! There's hope and we keep carrying on. Everything will get better (Urai, 56 years old with a single mastectomy).

The Winged Victory book made Asian (Thai) women more accepting of themselves, even if their breasts were removed. They still had hope when looking through this book. They realized that they were not the only ones in the world who have had breast cancer; in contrast, people all around the world also encounter breast cancer.

However, there were four women who had reactions that were different from the majority: a) feeling neutral; and b) not wanting to view the book, but gaining some sense of encouragement. All four views were considered in between (a combination) of postmodern and modern perspective. Even if the viewers preferred to hide their physical bodies from the public, they still accepted the book because of its useful purposes and benefits. Also, they gained valuable insights such as learning valuable life lessons and desired to pass their experiences to others. For example, Noi, 54 years old with a single mastectomy, radiation, and chemotherapy; felt neutral towards this book. She explained that having breast cancer was a normal thing in human life, a process of nature. Noi said,

"I saw it as a natural part of life. Everybody has his or her own wound; it's the normal thing. As I have seen, I thought they were just normal pictures. My husband accepted that. I just felt nothing looking at these pictures because my husband could accept that, accepted the thing I was."

Three women didn't want to view this book. They were caught between modern and postmodern views. Even if they were afraid to look at a set of postmodern artistic photographs because these photographs weren't pleasurable to look at, they gained a sense of encouragement when viewing some pictures:

> It's frightened for everyone who was completely cut like me. But I like some of them because I feel so comfortable with such as picture 11th &12th -- Yavonne. Her wound looks fine; it wasn't that terrible like mine. She looks so happy. It contained the art of communicative. From her picture, it encourages patients because it is not horrible picture (Pattama, 53 years old with a single mastectomy).

> I don't like it because it wasn't beautiful. There is no beauty left on the people with cancer. Anyway, I got some encouragement because I saw that there are also other people who also got it (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).

> I don't like it because most of the pictures are frightening…even I was afraid when I saw the pictures, and I don't like some pictures. Strangely, I get the encouragement from it. There are people who have the cancer not only me. People all around the world have I (Nid, 54 years old with a single mastectomy and chemotherapy).

Relatedness with the Postmodern Artistic Photo Book

The second aim revealed how Thai women made meanings of their personal stories based on the book, which contained 17 photographs of American women with breast cancer. The postmodern artistic photographs served as triggers to let women narrate their own stories and connect to each photograph. When Thai women viewed the photo book, the dominant themes were to think and talk about: a) feelings of support and

folk healing; b) medical intervention; c) symbolic meaning behind nature of the photographs; d) marital relationships after breast cancer; e) body image; f) age and breast cancer; and g) exercise.

Feelings of Support and Folk Healing. When the women viewed the photograph of Tanya, who had left mastectomy surgery, they felt that this picture enhanced their emotional well-being as shown in the following quotations and postmodern views.

Tanya

> She was good looking even her breast was cut off. She looked really happy with no stress. Her mind was cheerful. She was like mine now; I am not taking life too serious (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

> Tanya she looked cheerful like me now. It's been 10 years now. I didn't worry about it. I'd be better to heal my mind in stead of worrying. At present I just wish to have a good health, even my breast was cut off…I survived. I didn't have to do the chemotherapy or ultrasound. There are many people who get worse than me. Some people died, but I survived. That's enough for me (Sia, 53 years old with a single mastectomy).

> The picture I like most is picture 4--Tanya; from the big smile on her face, make she a happy woman, I think this picture can regard what I am most (Urai, 56 years old with a single mastectomy).

Similar to the Tanya picture, the photograph of Painted Ladies with three American women with mastectomies and lumpectomies also invited women to discuss feelings of social support from their peers.

Painted Ladies

> Painted Ladies; I like it very much. It reminded me of my friends who always support me. She looked happy, funny. When I see them, then I feel cheerful like myself. We get together, share the experience; losing a woman's organ, anyway, we have friends to fight together, talk, help each other, exchange ideas, be an adviser apart from the doctor. My friends, when I meet something good, I will tell my friends about it so that we could get better and be safe as the same (Warunee, 63 years old with a single mastectomy and radiation).

> Painted Ladies. I like it most because it reminded me of my friends. I feel encouraging, funny, and happy to see it. It is such a good time when all the friends are together. I enjoy my life with no stress so I was depressed when I saw this picture. Whatever will be will be (Nid, 54 years old with a single mastectomy and chemotherapy).

Not only did women gain a sense of support by viewing the Painted Ladies picture, one woman also talked about her past experiences with folk healing when viewing this picture.

> They just like me. I am happy as them. They had no stress, they were happy. If I could be like them, I would live longer. Relax. I accepted myself as those people do. That encouraged me to be like them…They took a good care of themselves…I want Thai woman who had breast cancer take care of themselves like these people We should believe the people who advise us to take any medicine such as herb. It doesn't make any difference. You eat it or not, you die anyway. I used to stay at the temple for a monk to heal me. He was a refuge of my mind. I used to be very tired, after eating some rice with salt. I got better. I observed the commandments and talked with the monk. He encouraged me, advised me to eat vegetables. He also healed me with the superstitious method. He stepped on my body. He said that there were hundreds of cancer cells. I really wanted to get better, so I believed him. At that time my hair was fell down, I decided to be a nun. I prayed, made merit, and let the monk healed me by stepping on my body. I believed that people could live with their own boon. For the last day at the temple, the monk told me that I was healed. All the cancer cells were gone. He told me to recover, and then he would kill all the cancer eggs (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

Medical Intervention. Several pictures reminded Thai women to talk about their scars when viewing American women with scars in the photographs. Some compared their scars to those of American women in the pictures. Several women questioned the types of breast cancer surgery in modern medicine, and talked about breast reconstruction and prostheses. Some reported that they were afraid of a recurrence.

The picture of Dani and Ralph led women to discuss their concerns with their own scars. Some women couldn't relate to this photograph because their scars looked different from those of the American woman.

Dani and Ralph

> Dani and Ralph; her scar looked good. Mine isn't look good as hers. She looked healthy (Im, 62 years old with a single mastectomy).
>
> Dani and Ralph; I looked at it for a moment and wondered how come her scar was so smooth that I couldn't have noticed it, why I have an obvious scar, why hers is smooth, it looks good (Pean, 64 years old with a single mastectomy).
>
> Dani and Ralph; her breast scar look good. It look better than mine, it's smooth (Pen, 64 years old with a single mastectomy).

Similar to the Dani and Ralph picture, the photograph of Carol also allowed women to express concerns about their scars based on modern views (relying on physicians and medical procedures).

Carol

> Carol, her wound looks similar as mine. Look at hers, mine was at the lower; hers was in the middle, and it was totally flat. I am using the medicine to remove the scar. Her would look better than mine. But the element in this picture is perfect. She put some flowers on her breast to show that cancer is the natural thing that could happen (Sia, 53 years old with a single mastectomy).

Moreover, the photograph of Carol made one woman talk about the "Recurrence of Cancer**"** because she had only a single mastectomy and no follow-up treatment. The following quotation shows how the woman described and related to the picture of Carol:

> It's sad to see both of her breasts were removed. She must have a great encouragement. I was worried that it would come back. I am afraid that it would come back at the other side of the breast. I often have the mammogram checked, ultrasound. I had the doctor to feel my breast. I check it every three months. I told the doctor that I was worried that it would spread to the other side. He told me not to worried; we have to fight with it. If there is anything wrong, we could remove it immediately (Pen, 64 years old with a single mastectomy).

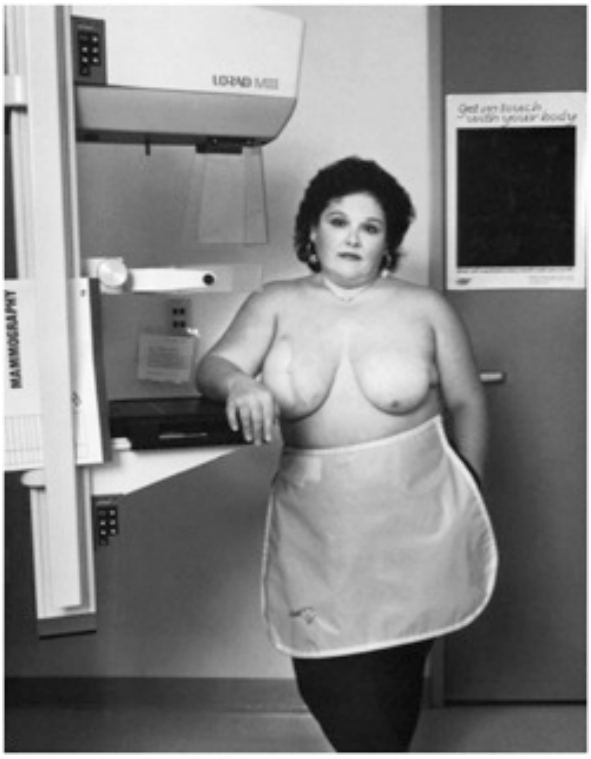
The photograph of Stephanie who had a lumpectomy and breast reconstruction made women feel surprised at the advancement of Western modern medicine and talk about breast reconstruction. None of the 15 had had breast reconstruction. One woman, named Sia, illustrates a shift form modern to postmodern as she confronted who she is, even if admiring modern medicine.

Stephanie

> Stephanie, she looked like a normal person, like she'd never had breast cancer. I was surprised that the western doctors were very good. Why the western medical treatment is better then Thai. Look at my breast; the whole part was cut off. They look cheerful in this picture. Even some part of the- breast was cut off; they still look good though. They were brave. Doing the artificial breast is for the young women, but I am old. No need to beautify or doing that (Sia, 53 years old with a single mastectomy).

Like the Stephanie picture, the photograph of Karen with a reconstructed right breast allowed women to discuss their own views of breast reconstruction. The first three quotations represent women who based their opinions on the postmodern view (no

reconstruction), and the next three quotations showed woman with modern views (desiring cosmetic surgery following the cultural expectations of the modern period, but couldn't afford because they were using social insurance card, called "a Golden Card" that limited patients' choices on treatment).



Karen

> Karen, just some part of her breast was removed and she have her artificial breast. I don't think I would make it because I am already old. There is no-need to do it. I didn't think that cancer would be so severe that I have to remove my breast (Tas, 74 years old with a single mastectomy and chemotherapy).

> Karen, it seemed like she had her artificial breast done. For me, I don't think I would do that. It's like a duty to take care of it. I am not that kind of person who admires beauty much. It depends on our mind that whether we can accept it or not. If you can't, you will have an artificial breast. But, if you can make up your mind, proud of yourself, and proud of what you are, you don't need to do it. I love my life more than my breast. Losing a breast doesn't matter to me. I just don't care about it, it just a small matter of my life (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).

> Karen; her artificial breast was beautiful. But I don't think I will do it; even you offer me a million baths. I won't. A nurse suggested me to do it, also the doctor, but I replied them that I wouldn't do it. I just want to live as usual, let it go. I don't know what the use for having it, for whom to appreciate it. I am already old (Pen, 64 years old with a single mastectomy).

> Karen; she had made an artificial breast. They take some flesh to regrow there. I asked the doctor. I told the doctor that I didn't want to removed the whole breast and asked him could he just removed some part. He told me not to feel sorry for that; my breast is already got worse. There was no need to feel sorry for the loss. Removing the whole breast so that the cancer would completely gone. I have heard that doctors in private hospitals cure by an operation by removing just some part of the breast, but I have to pay with a high amount of money. I can't afford that. I only have gold card 30 bahts (85 cents), therefore, I couldn't have this kind of treatment (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).

Karen's picture also made women question types of breast cancer surgeries. They couldn't relate to this picture due to the fact that her scar looks different from that of Asian (Thai) women in this study. The majority of women felt surprised about the Western modern surgical procedures because they all had single mastectomy surgeries. Several women described feeling towards surgery based on modern views because of feeling weak and mislead as showed in the following quotations:

> I wondered why her wound was different from mine. I've never saw people with that kind of wound. All my friends who get a breast cancer were cut the whole breast not just some part like hers. In my opinion, the medical advance in our country still behind the westerns (Sia, 53 years old with a single mastectomy).

> Some part of her breast was cut off, but mine, a whole breast was cut off. Her wound was different (Lek, 45 years old with a single mastectomy and chemotherapy).

> Karen was lucky that she still have her breast even the cancer has been removed. It looked as if she didn't have a cancer. It seems like the medical advance in our country- hasn't reached this stage. In the picture, this woman had her tissue grown but mine was removed the whole breast. I

> didn't have the artificial breast as her. I would like to do like her; it looked beautiful. It seemed like she didn't have cancer. The technology nowadays is in its high advance. It's good for women to have hi-technology medical science…good books about health. In this picture, the woman looked healthy, fleshy, there was just a scar on the breast. The whole breast wasn't removed like mine. Thailand should have something like this (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> I wondered why her whole breast wasn't removed like mine. I've never seen like this before. I think there not treatment like this in our country yet. I have a friend who did an artificial breast, and when she saw my breast, she said that my breast wasn't look good as hers. Hers was better. I replied her back that I used my gold card, so I spent only 30 Baht (85 cents) for that while her paid for many ten thousands (Pean, 64 years old with a single mastectomy).
>
> Karen; it seemed like she hasn't had an operation yet. Thai medical wasn't advance like this 10 years ago, removed some part of the breast and grow the stem to support. Doctors were worried that the cancer could spread so they removed the whole breast, like mine. The doctor said that it wouldn't be any harm, but incase like this picture just some part was removed anyway, it still be risk that the cancer could spread or come back again. The doctor suggested me to remove the whole breast to reduce the risk (Warunee, 63 years old with single mastectomy and radiation).

Symbolic Meaning Behind Nature of the Photographs. Reading and interpreting the Connie photograph allowed Thai women to discuss the symbolic meaning behind her necklace with the crab pendent. The first quotation was based on modern (desiring to be cured and feeling vulnerable), and the second quotation showed a postmodern view (accepting self) as followed.

Connie

> Connie; the crab symbol symbolized something, a cancer or cancer disease. Cancer is like a crab, if we leave it, then it will spread around, and we could be dead from it. Therefore, we need to cure it as soon as possible, before it goes any farther (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).
>
> She looked sad, not cheerful. She is old as mine, and maybe she could accept it now. We can see from the party with lots of porcelains, and also cakes indicating that she could accept it now (Warunee, 63 years old with a single mastectomy and radiation).

Marital Relationships after Breast Cancer. Several pictures such as the photograph of Dora and Cy, elderly couple, made women think about their marital relationships after being diagnosed with breast cancer. The first quotation showed a postmodern attitude (learning valuable life lessons from illness), and the second quotation presented a modern view (relying on support as feeling weak and passive).

Dora and Cy

> For me I like Dora and Cy most because she had the same experience as mine. Besides, she was old. She had her husband besides her. Then, I looked at myself. I am younger than her, so I should not give up (Lek, 45 years old with a single mastectomy and chemotherapy).
>
> Dora and Cy; they seemed to be still worried even her husband was with her. She laid her chin on her hands, her eyes expressed that she still thinking of her breast, which had been removed, or the cancer that she got. She was worried about her destiny. But for me, I have got through all that time; I am not worried now because I have my family that always supports me (Urai, 56 years old with a single mastectomy).

Like the Dora and Cy picture, the photograph of Blair and Susan allowed Asian (Thai) women to talk about their marital relationships. The first quotation was considered a modern view (feeling loss of self and relying on support to maintain control); she couldn't relate to this photo because her husband left her after experiencing breast cancer.

The second and third quotations; however, were based on postmodern perspective (accepting self through social support from their husbands).

Blair and Susan

Blair and Susan. I was impressed with this picture. A wife had a breast operation, her husband still be there with her. Look at me, my husband left when I had a breast cancer. So, I was impressed when I saw this picture that her husband being with her (Sia, 53 years old with a single mastectomy).

Blair and Susan; a warm picture. Without her breast, she still had her husband beside. Lucky me that my husband could accept me. At first I thought that he wouldn't accept if I removed my breast, my family would be broken, but it's not true. My friend whose breast was removed when she was younger than me, the whole breast was removed; she didn't mind that, she had some respect for herself (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).

Blair and Susan; she's just like me that her husband accept it. Anyway, I don't have sex after the operation. It's like I am a nun, and my husband, he doesn't have any desire for it. He prefers to turn to dharma (Pean, 64 years old with a single mastectomy).

Body Image. Looking and reading about the Ulla picture revealed that body image was a theme for the majority of participants. The photograph of Ulla reminded women of the lived experiences when receiving chemotherapy and dealing with the side effects from the therapy, such as loss of hair. The first three quotations were considered modern views (concerning appearance as the focus of lives and desiring to conceal the signs of illness), and the last quotation shows a postmodern view (accepting self without concerning the notions of beauty):

Ulla

> Ulla; she had pass doing the chemotherapy. So do my friends, hair fell. It was only me that still looked brighter than the others. Patients who do the chemotherapy are like being in a hell alive. My friends told me that it caused so much pain; even me I am afraid of it though (Pen, 64 years old with a single mastectomy).

> Ulla; she looked better than me. She still had some hair left, but mine was all feel. I had my hair shaved and didn't tell anyone that I got the cancer. I just told them that I went to ordain. Some people saw that I was very thin and they thought that I got HIV. I didn't want anyone to know what I got, so I just- told him or her that I went to ordain to cut off the problem (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).

> Ulla; it reminded me when my hair fell. I was like her when I did the chemotherapy. All my hair fell. In this picture she still had a good shape. I was very thin at that time, long neck, thin and looked so shabby because I allergic to chemo. I had to stay in the hospital for more than ten days to get better. I read books when I was in the hospital. I wore a hat when I went to buy books, I didn't wear a wig. When my friends or relatives came to visit me, I wore a hat to cover my head because I felt embarrassed (Aew, 54 years old with single mastectomy, radiation, and chemotherapy).

> The woman in this picture was look better than me. I was so shabby. I was allergic to chemotherapy. But the woman in this picture looked good and happy even her hair fell down. It made me think that appearance doesn't matter to me. The thing that makes- people survive is inside, a strong mind, and is patient (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

Age and Breast Cancer. When looking at the Yavonne photograph, women discussed age and breast cancer. They felt sympathetic to younger women who have breast cancer. These women were considered as having modern views (feeling passive and vulnerable, such as describing selves as being old, after experiencing breast cancer and suggesting younger women have breast reconstruction). Three women show this view in the following quotations:

Yavonne

It let me see that cancer can be in people in every nationality, everybody could have it. I felt sad for her that she was still young. She should not have had it (Warunee, 63 years old with a single mastectomy and radiation).

I don't like it much, it seemed like she got too much suffered from the cancer. She put her head in her hands. Some part of her breast was removed; still, she wasn't happy though. I felt sympathy for her that she got it when she was still young. I got breast cancer when I am old already, fortunately, I don't care much about beauty (Urai, 56 years old with a single mastectomy).

She should do breast reconstruction because she is still young; there are many chances in her life waiting for her. For young woman who got cancer, they should do it because family problem won't occur. They will lose confidence without breast. They have husband. Having just one breast looks ugly, not a pleasant picture to see. Women age between 30-40 should do it. They have a bright life. There are a lot more things for them to do. I am old; there's no need to do that. Besides, my husband doesn't want to look at it (laughs) (Pen, 64 years old with a single mastectomy).

Exercise. Women talked about their exercise after breast cancer when viewing the Lisa with Barbell photograph. The following quotations showed women in a postmodern view (developing new lifestyles regarding illness).

Lisa with Barbell

> Lisa with Barbell; that's cool. It made me feel like exercise to have a breast muscular like her so that I don't have to use any artificial things. It was good seeing this book; other people probably want to take an exercise and keep going on. Look at she, she had only one breast, she took an exercise though. Everything depends on our mind (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).

> I also do a breast exercise like Picture 17--Lisa With Barbell. The doctor told me to do some exercise, acting like I was milling the flour; move mu hands in circle, combing hair acting, back scratching acting, raise two hands high in the air, 200 times each day. At first I couldn't do that, but I get used to it after that. Now my three finger of the hand on the same side of the breast that was cut off still feel numb. The doctor gave me some medicine to heal my nerve system. Exercise makes the breast convex, beautiful. She was tried hard, the flesh still not convex to the same size as the natural breast. I prefer to do nothing, just normal (Sia, 53 years old with a single mastectomy).

> Lisa with Barbell; it seemed like she was happy with exercise. Me too, I take an exercise in the morning, I work in a farm, and it's not serious as in this picture. In the picture she looked serious with exercise. Westerners must like exercise, and that is a good thing for them. For me, I don't take it too serious. I don't know how to do it right, not in steps like her (Urai, 56 years old with a single mastectomy).

> Lisa with Barbell; how come she could life up the weight. I used to do that too, but it caused a pain in the bone. The doctor told me not to carry a heavy object if I wanted to live for a long time. Don't use the arm, which in the same side of the removed breast to carry the object with more than 1 kilograms weight. In case that my arm gets swelling, it could be a chance that other disease could generate. And he could cure that nowadays; I take an exercise every morning by walking or running (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).

Recommendations for the Use of the Postmodern Artistic Photo Book

The third aim was to understand Thai women's recommendations for the use of the book. Each woman suggested when, where, and how a book like this should be used. They also talked about whether this book was suitable and helpful for breast cancer patients or survivors in Thailand (the recommendations toward the postmodern book if being used in Thailand). In addition, the questions about their agreement to be part of this photo book are also included (the Agreement to Accept or Reject to Take Photos).

The majority of women in this study suggested using this book from a postmodern view (gaining valuable insights and desiring to pass them to others, including: (A) using it in the hospital in order to help patients to make their own decisions of surgical procedures; (B) using it in schools; (C) using it in libraries; (D) using it in the Cancer Institution; and (E) having free distribution in public places, such as at the temple.

Using the Book in the Hospital. Several women suggested that this book should be used before and after treatment. They also suggested showing the photographs on the

walls in hospitals. Some suggested that this book was valuable not only for patients who have had breast cancer, but also for their families, as well.

> In Thailand, there should have this book at hospitals because there are so many patients or at the campaign groups, there will be very useful to those people. Cancer Institutes also, should have this kind of book, so that the patients could see it before they have an operation. I'd never seen this kind of book before. I saw just a picture book with quite scary pictures, not pleasant to see like this one. This book encourages me, not too scary to see (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).
>
> It would be much useful such as take the book at hospitals and many people will see it, also the patients' relatives. Most people go to hospitals, we should enlarge these pictures and post them in order to make people see, and they will get to know about breast cancer. People would get some knowledge and be aware of it (Pattama, 53 years old with a single mastectomy).
>
> Using in hospitals to encourage the patients to feel that even without breast, we still alive. The patients should see picture book before they have an operation or after the operation to see different experiences. I do the operation; others also do. Everybody survive (Sia, 53 years old with a single mastectomy).
>
> At hospitals, have the patients see this book before a treatment to relieve their mind, to make them see themselves when they get breast cancer, to make them thinking of the way their husband will see them with the cancer (Noi, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> This book should be at hospitals for the patients and their family to see, to make them love their family, to make them open their mind for the patients with breast cancer. The patients should see this book before and after they have an operation, so that after an operation, the patient could get some hope; they could still be happy with life. For the patient who is about to have an operation, they will get the encouragement to fight and live their lives like general people (Lek, 45 years old with a single mastectomy and chemotherapy).

Using it in Schools. Several women suggested using this book in classes in order to give teenagers knowledge of what might be happen when women are faced with breast cancer.

> At schools, for teenagers, college students, they would be aware, protect themselves. This book should be used for teaching, also for general people so that they would often check their body and be aware of it (Nid, 54 years old with a single mastectomy and chemotherapy).

> For the young women who have breast cancer to see so that they could feel better. Everything will be alright after the operation. In addition, this book should be given to different groups of people such as teenagers, college, and students in order to give them some knowledge about cancer. They would see the life of women who got breast cancer. Then they would understand about it and prepare in case they have it in the future (Tas, 74 years old with a single mastectomy and chemotherapy).

Using the Book in Libraries. Some women suggested using this book in libraries where people can easily access cancer information.

> It should be used in libraries or hospitals where many people could see it (Pean, 64 years old with a single mastectomy).

> In the libraries to teach children to be aware, and also hospitals, for general people and the breast cancer patients to see (Warunee, 63 years old with a single mastectomy and radiation).

Using the Book in the Cancer Institution. One woman recommended using this book before receiving treatment at the Cancer Institution. Also, she suggested that this book was suitable for people who didn't have breast cancer.

> Using in the Cancer institutes or Hospitals to have the patients seeing it before the operation, so that they could accept it. Also, it will be useful to general people, they would understand, accept of what the women with breast cancer are (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).

Free Distribution in Public Places. One woman suggested freely distributing this book in the public places.

> I think it should be made in copied and give to people to see like in the temple. People like this kind of book; it is a useful one. It should be given for free as an imparting of knowledge for the general benefit (Pen, 64 years old with a single mastectomy).

Recommendations Toward Using the Postmodern Book in Thailand

The majority of Asian (Thai) women suggested that this book would be very useful and helpful for them if being used for breast cancer patients in Thailand because it gives them: (A) a sense of togetherness—the same destiny; (B) cancer knowledge such as showing a set of photographs that had various surgical techniques, including: single-double mastectomies, lumpectomy, breast reconstruction, and breast conservation; and (C) good books for women who experienced breast cancer in Thai society.

A Sense of Togetherness. This book provides women with a sense of support. They felt that not only they were faced with breast cancer, but people all around the world also are faced with the same destiny.

> I feel that I am normal like other people, they are like me. We are in the same destiny. And that made me think that patients with this kind of disease could be cured to get better if we know about it early, get to heal early (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).

> It could encourage the patients not to feel embarrassed to show their body. To make them accept themselves more. In the pictures, people smile lively with no stress in life. It gave me a good feeling when I look at the pictures. I don't feel that I am different (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).

Cancer Knowledge. The women suggested that Thai women would gain knowledge from this book being used in Thailand.

> It gives us some knowledge about cancer. For the people who never have it, it can be a warning for them because we cannot define the cause of the disease. Humans are like a tree. As a cover, they want to say that cancer is like a tree, if it happens in our body, we have to cut it off. And if it gets worse, cancer could regrow like a tree (Paen, 64 years old with a single mastectomy).

> We could teach our children and the women who got breast cancer to be aware, take care of themselves well. If there is anything wrong, we should go to see a doctor, don't leave it until it gets worse to the severe stage. Just

like- me, I rush to see the doctor early; therefore, I could live for another ten years (Lek, 45 years old with a single mastectomy and chemotherapy).

It will be very useful. The readers will see various types of wounds and life style of each woman. It encourages us to carry on. We can see the woman without their breast, and how it feels. There should be an explanation below each picture about each person's feeling when losing their breast or which stage of cancer each woman is in, and what kind of treatment she has done. It would be a lot better if there were an explanation to make people understand us more (Eed, 58 years old with single mastectomy, radiation, and chemotherapy).

We will know that there are many kinds of treatments, depends on each patient. There are steps of remedy. It is interesting that each picture is different, it shows us various kinds of treatments, that there is not only just removing the whole breast. More over, even if I was afraid when I saw the pictures and I don't like some pictures, strangely, I get the encouragement from it. There are people who have the cancer not only me. People all around the world have it (Nid, 54 years old with single mastectomy and chemotherapy).

Good Books for Women Who Experienced Breast Cancer in Thailand. Several women suggested that this book was good for Thai women who have had breast cancer because it gives them a sense to move on, to be stronger, to accept themselves after breast cancer, to understand themselves better, and to provide information for other people.

It encourages the patient who get breast cancer or the patient who have to cut off the breast. You will see people without breast in this book still alive. They could survive; they didn't die. In my opinion, when the patients see this book, they will get some encouragement, to be stronger. I believe that there's a chance for everybody. It's been 10 years for me now. We could be remedied, the medical profession nowadays is in advance; doctors are competent. We have to fight to it, strongly (Sia, 53 years old with a single mastectomy).

It will be useful for our Thai society because it can be the encouragement for the readers and for the breast cancer patients. You see that even the patients accepted to be taken photos for publishing for the other people to see. We are beautiful without breast, can take a photo and not ugly (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).

People who see this book then they would know that how breast cancer patients' life would be like. Patients also get some encouragement. For

> young women, they could get the idea of having an artificial breast like western women do. For general people, they would be aware of it, be careful about it, often check, and don't be careless (Pen, 64 years old with a single mastectomy).
>
> We could teach our children and the women who got breast cancer to be aware, take care of themselves well. If there is anything wrong, we should go to see a doctor, don't leave it until it gets worse to the severe stage. Just like me, I rush to see the doctor early, so I could live for another ten years (Warunee, 63 years old with a single mastectomy and radiation).
>
> People who see this book would understand the patient. Seeing this makes us make up our mind, or get some encouragement. The book teaches the readers, not to stick with the body appearance, just think that it's the deed result of each person (Noi, 54 years old with a single mastectomy, radiation, and chemotherapy).

Agreement to Accept or Reject Being in Similar Photos

The women were asked about their opinions towards this photo book if a photographer asked them to be included in this book in the future. The majority of women agreed they would participate if photographers asked them to show their bodies and scars because it would benefit society and other patients. These women were considered as having postmodern views (accepting self, not hiding scar, and desiring to pass lived experience with illness to others). The women described their feelings in the following quotes:

> Yes, I think it's just like making a boon for the others (Eed, 58 years old with a single mastectomy, radiation, and chemotherapy).
>
> I'd love to. I don't feel afraid. It will be good so that people would see it, to be an encouragement for the patients (Noi, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> Yes. I want to make it to be an encouragement for the others (Lek, 45 years old with a single mastectomy and chemotherapy).
>
> Yes, I will, because the western women did this, I could do it too. So

> that it will be an encouragement for the breast cancer patients like me (Aew, 54 years old with a single mastectomy, radiation, and chemotherapy).
>
> Yes. I am not shy. I am old already (Tas, 74 years old with a single mastectomy and chemotherapy).
>
> Yes, no problem. I can do it for the public benefit, for our society (Im, 62 years old with a single mastectomy).
>
> Yes, if it will be a good thing for other patients (Sue, 51 years old with a single mastectomy, radiation, and chemotherapy).
>
> Yes, a bit revealing but not nude (laugh) (Urai, 56 years old with a single mastectomy).
>
> I would if it would be useful for people, to let them see that I got breast cancer and I could struggle with it for ten years. Anyway, I have to take sometime to make up my mind, I am not sure that I could act like western women (laugh) (Warunee, 63 years old with a single mastectomy and radiation).
>
> Yes, I am not embarrassed; I am old already (Pen, 64 years old with a single mastectomy).
>
> Yes, I can do that for the next patients to see it (Num, 50 years old with a single mastectomy, radiation, and chemotherapy).

However, there were four women who differed from the majority of women in this study. Three women would refuse to have their photos taken because of feeling embarrassment. These women were expressing a modern view (concealing body from the public). As Sia said, “No, I can’t. Many people know me.” Besides, one woman would agree to be part in it if the photographers were women.” One woman, named Nid, was caught between modern (hiding body) and postmodern (showing body) views. She would be in photos if the photographers were women (concerning ‘gender’ of photographer). Nid said, “No, I don’t brave enough. I am embarrassed. But if the photographer is a woman, I will.”

DISCUSSION AND CONCLUSION

In Part I, grounded theory (Charmaz 2006) was used to analyze data of women's stories prior to interviews with the photo book that revealed new themes and insightful experiences of Thai breast cancer survivors through the four-stage process. The themes that I discovered, in order, were: (A) experiencing the uncertainty of signs and symptoms of disease; (B) entering the medical establishment; (C) experiencing self-changes after treatment; and (D) desiring to return to normality. As Charmaz (1995:674) suggested, patients who had serious chronic illnesses develop new and deeper meaning of the relation between body and self. In other words, illness opens the possibility of transforming the self. Due to lacking financial support and education, these factors influenced most of the Thai women through a four-stage process. Many Thai women's lives are limited by socially determined conditions concerning health care utilization. Several women were concerned about the quality of national health insurance because they were afraid that doctors would neglect them if they used a "Golden Card" when receiving treatment. I found that their treatment options were restricted when using the national insurance. Women in this study had only mastectomies, chemotherapy, and radiation. They had no choice of a lumpectomy or advanced treatment such as cosmetic surgery—breast reconstruction and breast conservation.

Moreover, information and educational interventions about breast cancer are needed among these women because it could affect when they seek treatments for their signs and symptoms. Similar to the Thongsuksai et al. (2000) study, researchers found that educational programs are needed in Thailand because there is the patient delay and the system delay in breast cancer care. Gaining insight into the nature of delay in

Thailand is urgently needed. Some women were faced with discrimination or inequality in health care when receiving medical care in the public hospital. Pattama said, "A female officer. I met her the first time when I did an x-ray. She was tough. I was afraid of her and flexing my leg. She was angry and pulled my breast. It was so painful." Some women faced medical errors with their mammograms. Tas described her feeling as follows:

> The man who saw the X-ray film said that I didn't had a cancer for 100% sure. I was glad to hear that. Anyway, the doctor wasn't sure so he examined my issue. It caused a lot of pain. I knew a result a week later. The doctor told me that I had cancer. I was confused because they said I didn't have it 100 % before that.

I discovered the notions of "health beliefs" of breast cancer in Thailand among these women. Some of Thai women in this study were superstitious, which differed from the rational thinking of the Western modern medicine. Some women not only entered the medical system, but also relied on some knowledge about the local culture to heal cancer. Several women believed that sorceries and monks might heal their breast cancer disease while receiving modern medical care. They used both ways—the Western modern medicine (the conventional therapy) and the Ancient knowledge (the local or complimentary therapy) to help them recover from the disease. Similar to Sirisupluxana et al. (2009), they found that Thai women in their study might use an alternative medicine as a main treatment, as a supplementary treatment, or as a combination with conventional treatments to heal diseases. Some Thai women in this study used herbal medicines to heal their bodies after the operations, and were noncompliant with medical care. The majority of women in this study also relied on "religious beliefs" because they were all Buddhists. One woman gave her reason for having breast cancer as "Karma" or "the consequences

of good or bad that are carried into the next life because of actions taken in this one (International Encyclopedia of Sociology 1995). Aew explained, “I think cancer depends on me, like a friend, it eats the same thing I eat. I don’t eat, it don’t too. I just think that it is my disease of karma inside my body, we are friends now, so that I could accept the truth, it’s just like my soul.” When desiring to return to normality, several women relied on religion as a way to enhance their spiritual well-being such as learning to practice Dharma by doing good things for other people. Similar to Sirisupluxana et al. (2009), they found that the practice of Dharma provided feelings of mental strength (being cheerful) to fight cancer. The Buddhist view of reality gave women an “ethical system”. Women had their own moral values based on the Buddhist view to make merit for society. Several women referred to Dharma--one's righteous duty as a refuge from suffering and pain. Similar to Sirisupluxana et al. (2009), researchers found that relying on Dharma reduced their worries and fear of illness and gave strength to fight the disease among Thai breast cancer survivors. As described, the findings from this study also contributed to health-care provider and societal understanding of the personal beliefs of Thai women with breast cancer, including how they apply complementary therapy such as prayer, meditation, herb medicines, and ancient treatment (folk healing) as a means to enhance their health and spiritual well-being, not solely relying on modern medicine and physicians.

Society places so much value on a woman’s breasts as a source of beauty, femininity, and sexuality, and breasts are an important component of body self-image (Martinez 2006:243) Martinez suggested that wearing a prosthesis is necessary to help women restore their outer body image and overcome stigma and alienation in public

space. Frank (1993) pointed out that wearing prosthesis is a means of normalization regarding social demand, which is controlled by homogeneity of a heterosexual world. Women in this study wore prosthesis to make them look good and as a natural person who had double-breast balance. Women were offered no other choices except using prostheses to meet the cultural standards of beauty. One woman in this study wore prostheses that were made from silicone. The rest of the women wore prostheses that were made from sponge and clothes to save money, but still being good-looking. As Gagne and McGaughey (2002:821) described, women are agents of beauty in desiring to achieve a level of normalcy, based on their perceptions of who they are, as well as what others expect from women in general. Some women learned how to make prostheses from the support groups in some famous public hospital. The cultural and medical system helped to promote the notions of beauty among women in this study and other women who newly experienced breast cancer. Eed explained, "I went everywhere where there were charity activities. For example, Kalamare, a female announcer and leader of a support group, taught me how to sew the fake breast, and I joined her class because she taught at this public Hospital." Similar to Klawiter's study (1999), the breast cancer movement such as the Race for the Cure activist group promoted patients to pursuit the femininity and medicine such as distributing free hair products and cosmetics. Surprisingly, only two women were active in breast cancer support groups.

Thai women's stories of their experiences with breast cancer in Part I helped us better understand how Thai women relate to and react to the photographs of American women shown in Part II. Experiencing through the four-stage process made all Thai gained some valuable lessons from their life-threatening disease, even if their stories

were based on modern, postmodern views, or combinations. The results in Part I allowed us to see more clearly why the majority of women in this study agreed that the postmodern artistic photo book was valuable and useful for them in Part II. Image-based research (photo-interview or photo-elicitation) was used in order to not solely rely on memories and words, but on photographs as well. Thai women learned to see themselves better when viewing the postmodern artistic book of American women who have breast cancer. In other words, it encouraged women to better understand themselves and others. They made sense of the situation, gained greater sense of self, and intuition when relating to photographs of American women. This artistic book also invited these Thai women to understand the social and cultural differences between the Asian (Thailand) versus the Western countries (U.S.) in terms of American lifestyles and medical procedures regarding breast cancer.

Part II of the present study replicated the Blinn-Pike et al. (2008a, 2008b) study of "Women Who Have Had Breast Cancer: Narratives about Postmodern Artistic Books Showing Other Women with the Same Disease. This study explored 15 Thai women with breast cancer, compared to Blinn-Pike et al. (2008a, 2008b)'s study that examined 15 American women who had breast cancer. The results of my study are consistent with the Blinn-Pike et al. (2008a, 2008b) study. The postmodern artistic books of American women allowed Thai women to narrate their own stories when discussing each photograph. Some photographs made women feel uncomfortable relating to photographs of American women. This is because women in this study have different breast surgery experiences compared to American women in this book. According to Blinn-Pike et al. (2008a, 2008b), the results regarding "reaction" of American women to this book showed

“a sense of hope”, similar to my study that presented “sense of encouragement” towards the postmodern artistic photo book. The majority of Thai women admired this book because they had never seen this kind of artistic book on breast cancer before. They felt that this book gave them a sense to move on for the future.

According to the Hall (1998:271) study, whether Thai women are modernists or postmodernists determines “the degree to which they will be involved with health decisions, how they will deal with families and friends, and whether they will engage in breast reconstruction.” Through this study, I found that most of Thai women were caught between “modern” and “postmodern” views. On one hand, they were vulnerable, fragile, and passive to modern medicine by using prostheses (hiding their scar from public) and relying on support (physician, family, and friends). On the other hand, some of them accepted the reality of self, gained new meanings beyond their lives after experiencing illness and desired to pass their knowledge to other women who have had breast cancer. Two of them also became more involved in a breast cancer support group. Compared to Blinn-Pike et al. (2008a, 2008b)’ study, I found new dominant themes in how Asian (Thai) women related to American women’s photographs. According to Blinn-Pike et al. (2008a, 2008b)’ study, the themes from American women’s narratives involved: a) women’s own mortality, b) decisions concerning breast reconstruction, c) decisions concerning surgical procedures, d) marital relationships after breast cancer, and e) body images. The new themes in my study were: a) “feelings of support and folk healing” when viewing the photograph of ‘Tanya’ who had left mastectomy and ‘Painted Ladies’ which showed three American women with mastectomies and lumpectomies; b) medical intervention when shown the picture of Dani and Ralph—a couple, the photograph of

Stephanie who had a lumpectomy and breast reconstruction, the photograph of Karen with reconstructed right breast, and the photograph of Carol who had a double mastectomy; c) symbolic meaning behind the Connie photograph which shows her necklace with a crab pendent; d) age and breast cancer when viewing the photograph of Yavonne who had breast reconstruction; and e) exercise when viewing the "Lisa With Barbell" photograph.

Interestingly, when the women read and interpreted the picture of Dora and Cy, an elderly couple, this picture allowed them to talk about their marital relationships after breast cancer. In contrast to the Blinn-Pike et al. (2008a, 2008b) study, they found that American women discussed their own mortality based on postmodern view (cancer could not be cured). In addition, when the photograph of Blair and Susan, a couple, was presented, women in this study also discussed their marital relationships after breast cancer the same as the picture of Dora and Cy, while the Blinn-Pike et al. (2008a, 2008b) study found that their participants talked about breast reconstruction. Interestingly, I found that the picture of Blair and Susan allow some women to express their feeling beyond their sexual lives. After experiencing breast cancer, they faced with problems on their sexual relationships such as being absent from sex after breast cancer and being left by their husbands. Similar to Martinez (2006), Henson (2002), Meyerowitz et al. (1999), Ganz et al. (1998), Schover (1991) 's study, they found that breast cancer affected sexuality and intimacy of women who faced with disease. In other words, breast cancer has had negative impacts on women's sexual lives. Women might deal with the problems towards the ability to have sexual intercourse, ideas of body image, sense of femininity, and desirability after experiencing breast cancer. In addition, Fife (1990)'s study also

found that the marital satisfaction and sexual adjustment were strong positive association in women with breast cancer in both the high threat and low threat group (.64 to .76) and (.60 to .66) respectively. In other words, a couple's marital happiness depended on sexual relationship after breast cancer. The more the acceptance from women's partner, the greater the marital satisfaction toward women's sexual lives. I discovered that women's breast is attached with "the notions of sexiness." Without breasts, Thai women might face with the negative responses in sexual relationship from their partners. As Maldonado (1995) suggested, women's breast was accepted as "secondary to sexual function." Women and their partners recognized that the core of the sexual response was genital, then any threats to breast integrity could be diminished by the awareness of feminine sexuality because breast was considered as maternal symbol, sex, womanhood, and feelings attractiveness.

I found that the picture of Ulla made women talk about body image where as the Blinn-Pike et al. (2008a, 2008b)' study found that American women discussed surgical procedures—the pros and the cons of having a lumpectomy. Moreover, the Blinn-Pike et al. (2008a, 2008b) study indicated that women talked about their marital relationships when viewing the photograph of Dani and Ralph; however, my study discovered that women were concerned about their own scars, instead of marital relationships. Thai women suggested that they couldn't relate to this photo because the American woman's scar looked different and more beautiful than their scars. The Blinn-Pike et al. (2008a, 2008b) study indicated that the photograph of Carol who had a double mastectomy invited American women to talk about body image. Notwithstanding, I found that this picture let woman to talk about scars, types of breast cancer surgeries, breast

reconstruction, and recurrence of cancer because all Thai women had only single mastectomies, without the recurrence of cancer.

Regarding the recommendations for the use of the book, all Thai women suggested having this book available in Thailand for the general public and for women who have had long/short-term breast cancer. They suggested using this book in hospitals, schools, in the Cancer Center, and in public places. However, the Blinn-Pike et al. (2008a, 2008b) study found that one American woman rejected the use this book because of feeling embarrassed about the photographs. Surprisingly, I found that 12 Thai women agreed to participate in this artistic photo book if photographers asked them to join. They suggested that they desired to do this because of making merit to other women who were faced with the same destiny.

Bell's (2006) study suggested that a photo book helped to develop strong ties with other patients, family, friends, and caregivers. It also helped to form support networks, and improve social life. The photos in *Winged Victory: Altered Images Transcending Breast Cancer,* created by Myers and Marrocchino are meaningful to Thai women in helping them to evaluate and more closely examine their bodies and illness experiences. They gained new experiences when reading and interpreting this photo book. Needless to say, this book acted as a projective technique to trigger women's memories that are hard to reach. Notwithstanding, there are some limitations of this project in terms of generalization of research findings because of the small sample size of Thai women in this study and because this was time consuming (2 months in Thailand). It should be tested with the larger sample size prior to generalizing beyond these findings. In addition, this study included only photographs of American women with breast cancer, which

might lead to different results if the photo book included Asian (Thai) women with breast cancer. Future research needs to include more photographs of Asian women with breast cancer and explore more diverse groups of women with breast cancer, including the differences in the women's ages, diagnosis, surgeries, and types of reconstruction. Also cross-sectional research is needed in order to make findings more reliable and more effectively broaden sociological knowledge of breast cancer.

Appendix A: Study Advertisement (English Version)

I am an IUPUI Graduate Sociology student.

I am looking for…

"Thai women" who have had breast cancer (1-year after diagnosis) to participate in a qualitative study concerning your experiences and perspectives when viewing the Postmodern Artistic Photo Book.

"Confidentiality is my first priority."

… I want to hear your story! ...

In exchange for participating in a 1 hr. and 30 minutes semi-structured, taped interview, each participant will receive a $15 gift card.

PRIVATE INTERVIEW LOCATION IS SECURED OR I CAN COME TO YOU.

For more information or to become a participant please call "Dew": 081-890-1057 or contact via my email: jpadunch@iupui.edu

>>> Call or email now! <<<

>>> Enrollment Ends July 5, 2009 <<<

Appendix A: Study Advertisement (Thai Version)

ต้องการผู้ที่ป่วยเป็นโรคมะเร็งเต้านม

งานวิจัยนี้ต้องการสัมภาษณ์ผู้ซึ่งป่วยโรคมะเร็งเต้านมมาเป็นระยะเวลานานกว่าหนึ่งปีโดยผู้วิจัยจะสัมภาษณ์โดยใช้เวลารวมทั้งสิ้น 1 ชั่วโมง 30 นาทีในการสัมภาษณ์เพื่อเรียนรู้โลกทัศน์ มุมมองและประสบการณ์โดยตรงของผู้ป่วย

ข้าพเจ้าเป็นนักศึกษาภาคสังคมวิทยาการแพทย์ซึ่งกำลังทำวิทยานิพนธ์ระดับปริญญาโท ณ มหาวิทยาลัยอินเดียนาและเพอร์ดิวส์ในมลรัฐอินเดียนาโพลิส (Indianapolis university-Perdue University) ในโครงการวิจัยผู้ป่วยโรคมะเร็งเต้านมและโลกทัศน์ในการมองสมุดภาพงานศิลป์หลังสมัยใหม่ของผู้ที่ป่วยโรคมะเร็งเต้านม

ข้าพเจ้ามีความประสงค์ที่จะเรียนรู้มุมมองและประสบการณ์ของท่าน นอกจากนั้นท่านที่มีความประสงค์ที่จะเข้าร่วมจะได้ค่าตอบแทนเป็น

--เงินสดมูลค่า 500 บาทถ้วน--

สถานที่ในการสัมภาษณ์ขึ้นอยู่กับความประสงค์ของท่านที่ท่านรู้สึกสะดวกและปลอดภัยต่อชีวิตและทรัพย์สินของท่าน

การเก็บข้อมูลเกี่ยวกับท่านเป็นความลับและจะเปิดเผยเฉพาะในรูปการสรุปผลการวิจัยโดยไม่ระบุตัวบุคคลผู้เป็นเจ้าของข้อมูล หากท่านมีความสนใจติดต่อสอบถาม เพื่อเข้าร่วมงานวิจัยได้ที่ **"ดิว"** ที่เบอร์: 081-890-1057 หรือส่งอีเมลล์มาที่ jpadunch@iupui.edu.

หมดเขตเข้าร่วมงานวิจัยวันที่ 5 กรกฎาคม พุทธศักราช 2552

Appendix B: Interview Guide (English Version)

Qualitative Interview Guide

Thai Breast Cancer Patients:

Experiences and Views about Photographs of Other Women with the Same Disease

The qualitative Interview Protocol contains the following materials

1) Pre-Screening Interview Protocol Draft
2) Draft Interview Protocol

(1) Pre-Screening Interview Protocol

The interview process will begin when a potential interviewee contacts me (Jularut Padunchewit) about the study through my IUPUI e-mail or by telephone and. After briefly introducing my study, I will conduct a telephone or an e-mail screening interview to establish whether or not the potential interviewee meets the study's eligibility requirements of the study. If eligible, I will then schedule the interview.

1. Introduction (What you will verbally tell about the study)

Hello, thank you very much for emailing me or contacting me through my cell phone. I am a Sociology graduate student at IUPUI. I would like to conduct my breast cancer research project "Thai Breast Cancer Patients: Experiences and Views about Photographs of Other Women with the Same Disease." This project is a significant part for my master thesis under the direction of Dr. Lynn Pike, my thesis advisor at IUPUI. In order to pursue my study, I'm looking for 15 Thai women who have been breast cancer survivors for at least one-year diagnosis. If you fit this description, I would like to talk to you about understand the meaning that Thai women who diagnosed with breast cancer give to their illness experience several years after undergoing treatment in order to discover the reaction and perception of these women when presented with a set of artistic photographs of other women with the same disease.

You will be compensated with a $15 gift card for your time and everything you share with me will be kept confidential. The findings from this study will provide better understanding for other women with the same disease and for society to learn about your illness experiences.

2. Prescreening Questions: First, I need to ask you a series of questions to determine whether you are eligible to participate in this study.

Screening Interview Questions	Participant must answer the following for eligibility
1. How old are you?	18 years old or older
2. What is your racial/ ethnic background?	Thai
3. How many years did you be diagnosed with breast cancer?	More than 2 years

3. Schedule Interview

Once, I have received the interviewee's response, and each interviewee is eligible, then an interview will be scheduled. The email or telephone conversation will consist of informing the interviewee of the following questions: Can we schedule an interview? When would be a good time for you? I can come to your home or anywhere that would be more convenient for you. Or, if you have another place in mind, it is possible that we could do the interview there. Also, if it is all right with you, I will give you a reminder call or send you reminder e-mail the day before the interview.

(2) Draft Interview Protocol

4. Introduction

I would like to thank you for taking your precious time to talk to me today. I really appreciate your willingness to help me out with this interview. Have you ever been interviewed before? The purpose of this study is to understand the meaning that Thai women who diagnosed with breast cancer give to their illness experience several years after undergoing treatment in order to discover the reaction and perception of these women when presented with a set of artistic photographs of other women with the same disease. Findings from this study will be useful to gain insight into the Asian's perspectives comparing to American women who have had breast cancer from the previous study (Blinn-Pike et al. 2008) so as to understand the similarities or differences of viewing postmodern photographs. In addition, this research project might improve the future direction in breast cancer treatment in Thailand and also broaden our understanding how illness is constructed and whether the postmodern photographs' books will suitable for applying in the Asian countries or not.

5. Interviewer/Interviewee Role

I would like for you to feel that this is *your* interview. I am here to listen to what you have to say. I am very interested in hearing about your experiences, feelings, and any perspectives that you might have, so please feel free to share anything that comes to mind. Basically my job is to listen to you and accurately record your feeling and experiences so that I can better understand these experiences.

6. Explain Taping Procedures

Is it okay that I record our conversation so that I do not have to take notes and so that I can get your complete answer?

7. Assure Interviewee of Confidentiality

Please feel free to speak openly with me. Your privacy is very important to me and anything you say during this interview will be kept confidential. Your name and any identifiable information will not be included in my report. Besides, if I ask you any questions that you do not want to answer or you feel uncomfortable to answer, you can just say "pass" and I will skip those questions.

8. Time Frame of Interview

The interview will last about an hour (60 minutes). If you need a break at any time, please feel free to let me know.

9. Obtain Informed Consent

Before we begin, I would like to go over the study's informed consent form, which describes the nature of the study, your role in the study, the measures taken to maintain your confidentiality, and the voluntary nature of the study. You will need to sign the form to indicate that you agree to participate and I will give you a copy for you to keep.

10. Providing Compensation

Thank you again for taking the time out to come and talk to me about your experiences. Here is Thank you card and $20 gift card that I mentioned as a way of saying thank you for taking the time to participate.

11. Questions?

This is everything I needed to share with you. I have already covered everything I needed to tell you. Do you have any questions about the interview? If not, I am going to start recording now. Let's begin with some background questions so that I can get to know a little bit more about you before we talk about your experiences. Some questions might overlap when I wrote e-mail or telephoned to you. However, I need to ask these questions again to make sure that I record your answers for the study and provide for an overall description of who participated in the study. After background questions, it will follow by main questions, and lastly closing questions.

12. Background Questions:

1. How old are you? (Probe for adult—18 years or older)
2. What is your racial/ ethnic background? (Probe for Thai)
3. What is your current employment situation? (Probe for working full-time/ part-time, unemployment with seek or not seeking employment/ retired/ homemaker/ student)

4. What is the highest level of education that you have completed? (Probe for grade 8, high school, 2-year business, vocational, technical school, some college, 4 year college degree, or graduate degree)
5. What is your current employment situation? (Or What do you do?)
6. What is your main occupation?
7. What do you estimate your total family income was last year?
8. What is your marital status? (Probe for married, separated, in a serious relationship with partner, single-divorced, single-never married, or single-widowed)
9. If you are currently married, how long have you been married?
10. Do you have any children? (Probe for how many and their ages)
11. If you have, please list their ages
12. How long you have been diagnosed with breast cancer? (Probe for how many year of living with breast cancer.

13. Main Questions:

Thank you very much for providing your background questions. Let's begin with the interview. My main goal is to understand the meaning of your experiences as a survivor after your treatment how do you feel when you see these artistic photographs of American women who had more advance stage of breast cancer. I just want to get as full a picture as I can of your experiences in your own words. Also, I know I'm asking you some pretty sensitive questions. I want to learn as much as I can about these important experiences of yours, but I don't want you to feel any pressure to answer any questions that make you feel uncomfortable. Please let me know if I ask a question that you'd rather not answer, and we'll move on to the next one. Does that sound okay? Do you have any questions before we move on?

General Questions before discussing the photographs

: ***Can you tell me your stories with breast cancer?***

(Probes: What happen? What kind of treatment did you received? How was the treatment? Did you have any chemo or radiation? What was your thinking about your decision to have reconstruction? Did you have a history of breast cancer in your family? Did you join any support group? Any changes in your life?)

Thank you so much for your stories beyond general questions. Now, let's look at these pictures. When we talked about a picture, we like to start out by giving the name and the number, so it will get on the tape recorder.

Aim One: *The following question will meet aim one to describe how Asian (Thai) women with breast cancer 'react' to the books of postmodern artistic photographs compared to American Women in Blinn-Pike et al. (2008)'s study.*

Feeling Towards Book: Can you describe your thoughts when you look through this book of women who have experienced body changes because of their breast cancer? Or (Many of the women in these photos have experienced body change because of having more advance stage of breast cancer, So when you look through this book, what does it make you think about?)

(**Probes**: What are you feeling? Do the photo book like this means anything to you? How do the pictures compare with your experience of breast cancer?)
Follow-up questions: How do you feel towards this photo book?

Aim Two: *The following questions will meet aim two, To explore how Asian (Thai) women with breast cancer 'relate' to the other women photographs with the same disease compared to American Women in Blinn-Pike et al. (2008)'s study.*

Feeling Towards These Photographs: After looking at these 17 photos, are there any you would like to talk about or to start with? Do you find any of the photographs particularly meaningful to you?

(**Probes**: If so, what is it about them that you find meaningful, 'speak' to you or 'move' to you? Is there any picture in particular that you want to start with may be was significant for you or positive or negative to you?)
Follow-up questions: Are there photographs that show women you 'can' or 'can't' relate to because of your own situation? Do any of them portray situations that are similar or different to your own?

Aim Three: *The following questions will meet aim two, To understand the recommendations of Asian (Thai) women with breast cancer for the use of books with postmodern artistic photographs of other women with breast cancer compared to American Women in Blinn-Pike et al. (2008)'s study.*

The Recommendations for the use of photo book: Are photo books like these helpful to breast cancer patients or survivors in Thailand? How about other countries?

(**Probes**: How about your recommendation for the use of this book? Where and When to use this book?)
Follow-up questions: how about your suggestion, if this photo books are widely used in public for breast cancer patients? If some photographer ask you to be part of this photo book, how about your opinion? Do you agree or refuse if they want to include you in this book?

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14. Closing Questions:

We are almost finished. Before I ask the final set of closing questions, is there anything you would like to add? Okay, now I would like to ask you:

1. Is there anything else you would like to share with me about your experiences since being treated for breast cancer or I should know to better understand the experiences of breast cancer survivors?

   Follow up question: If other women who are newly diagnosed ask for your recommendation, what would you say or give your advice to her?)

2. Is there anything you would like to ask me?

15. Thank you:

Thank you again for participating in this interview research study. The information you have shared with me has been very helpful. If you have any additional questions or just want to talk about the interview experience, please feel free to give me a call or send me an e-mail. (Giving the flyer of this study)

Appendix B: Interview Guide (Thai Version)

แบบสอบถามงานวิจัยเชิงคุณภาพ

โครงการวิจัยเรื่องการศึกษาทรรศนะของผู้ป่วยโรคมะเร็งเต้านมในเอเชีย (ประเทศไทย) ในการมองสมุดภาพงานศิลป์หลังสมัยใหม่ของผู้ป่วยโรคมะเร็งเต้านม (**Thai Breast Cancer Patients: Experiences and Views about Photographs of Other Women with the Same Disease)**

แบบสัมภาษณ์มีเนื้อหาสาระพอสังเขปดังนี้

1.) แบบสัมภาษณ์คัดกรองประชากรที่ศึกษาเพื่อเข้าร่วม

2.) แบบสัมภาษณ์ประชากรขณะศึกษา

1.) แบบสัมภาษณ์คัดกรองประชากรที่ศึกษาเพื่อเข้าร่วม

ขั้นตอนในการสัมภาษณ์จะเริ่มขึ้นเมื่อข้าพเจ้า นางสาวจุฬารัตน์ ผดุงชีวิต ได้รับการติดต่อทางอีเมลล์หรือทางโทรศัพท์จากผู้ที่สนใจจะเข้าร่วมในโครงการนี้ หลังจากนั้นข้าพเจ้าจะทำการสัมภาษณ์คัดกรองว่าผู้เข้าร่วมมีคุณสมบัติสอดคล้องตามที่ต้องการหรือไม่ ถ้าสอดคล้องกับโครงการข้าพเจ้าจึงติดต่อขอสัมภาษณ์ผู้เข้าร่วมวิจัย

1.การแนะนำตัวของผู้วิจัย (Introduction)

สวัสดีค่ะ ดิฉันขอขอบพระคุณในน้ำใจของท่านที่มีความสนใจที่จะเข้าร่วมโครงการนี้ ดิฉันเป็นนักศึกษาซึ่งกำลังทำวิทยานิพนธ์ระดับปริญญาโทที่มหาวทยาลัยอินเดียนาและเพอร์ดิวส์ในมลรัฐอินเดียนาโพลิสโดยจุดประสงค์ของงานวิจัยในครั้งนี้เพื่อที่จะเข้าใจความหมายของผู้ป่วยโรคมะเร็งเต้านมในประเทศไทยว่ามีความคิดเห็นหรือมุมมองอย่างไรในขณะพิจารณาสมุดภาพงานศิลป์ของผู้ป่วยโรคมะเร็งเต้านมซึ่งจัดทำโดยนายแพทย์อาร์ท เมเยอร์ (Art Myers) ซึ่งเป็นช่างภาพชนะรางวัล ในการประกวดภาพถ่ายซึ่งหัวหน้าโครงการวิจัยคือ ดร.ลิน-บลิน ไพค์ (Dr. Lynn Blinn-Pike) ซึ่งเป็นอาจารย์ที่ปรึกษาของดิฉัน โครงการนี้มีความประสงค์ จะทำการสัมภาษณ์ผู้ป่วยที่เป็นโรคมะเร็งเต้านมจำนวน 15 ท่านที่มีประสบการณ์จากโรคเป็นระยะเวลาหนึ่งปีขึ้นไป ถ้าท่านสอดคล้องกับวัตถุประสงค์ของโครงการ ดิฉันขอนัดสัมภาษณ์เพื่อเรียนรู้เกี่ยวกับประสบการณ์ของท่านว่ามีความคิดเห็นเป็นอย่างไรกับรูปภาพของผู้ป่วยหญิงชาวอเมริกันและเอเชียอเมริกัน การเข้าร่วมครั้งนี้ท่านจะได้รับค่าตอบแทนเป็นบัตรเงินสดมูลค่า 500 บาทถ้วน ในการสัมภาษณ์การเข้าร่วมวิจัยครั้งนี้

จะช่วยให้ท่านได้ประเมินพฤติกรรมสุขภาพของตนเอง และประโยชน์ที่จะเกิดขึ้นหลังการวิจัยเพื่อใช้เป็นแนวทางในการจัดโปรแกรมการส่งเสริมสุขภาพของ

ประชาชนที่ป่วยเป็นโรคมะเร็งเต้านม

2.คำถามคัดกรอง (Prescreening Questions)

ขั้นแรกดิฉันขอถามคำถามทั่วไปเกี่ยวกับคุณลักษณะของท่านว่าตรงตามวัตถุประสงค์ของโครงการหรือไม่ดังนี้

คำถามคัดกรอง	**คำตอบที่คาดจากผู้เข้าร่วม**
1. อายุในปัจจุบันของท่าน	18 ปีขึ้นไป
2. เชื้อชาติและสัญชาติของท่าน	เชื้อชาติไทยและสัญชาติไทย
3. ท่านป่วยเป็นโรคมะเร็งเต้านมเป็นระยะเวลานานเท่าไร	หนึ่งปีขึ้นไป

3. นัดวันเวลาเพื่อทำการสัมภาณ์

หลังจากที่จากผู้เข้าร่วมผ่านการคัดกรอง การสัมภาษณ์จะเริ่มขึ้นทันทีโดยสอบถามข้อมูลวันเวลาเพื่อทำการสัมภาษณ์ทางอีเมลล์หรือทางโทรศัพท์ว่าผู้ให้สัมภาษณ์จะ

สะดวกเวลาใดในการให้สัมภาษณ์ ทั้งนี้ผู้วิจัยจะทำการติดต่อเพื่อเตือนล่วงหน้าก่อนถึงวันเวลานัดหมายจริงในการสัมภาษณ์

2.) แบบสัมภาษณ์ประชากรขณะศึกษา

4. **การแนะนำตัวของผู้วิจัย (Introduction)**

ดิฉันขอขอบพระคุณในความกรุณาของท่าน ที่ได้โปรดสละเวลามาเพื่อในการเข้าร่วมเป็นส่วนหนึ่งของโครงการครั้งนี้ วัตถุประสงค์ของโครงการวิจัยเพื่อช่วยในการเปิดโลกทัศน์ของผู้ที่เป็นมะเร็งเต้านมในเอเชียเพื่อนำมาศึกษาเปรียบเทียบกับผู้ป่วยที่เป็นมะเร็งเต้านมในสหรัฐอเมริกาเพื่อที่จะเข้าใจความหมายของผู้ป่วยโรคมะเร็งเต้านมในประเทศไทยว่ามีความคิดเห็นหรือมุมมองแตกต่างอย่างไรกับผู้ป่วยในต่างประเทศ อักทั้งการวิจัยในครั้งนี้ยังช่วยในการศึกษาว่า ในอนาคตถ้าหากมีการนำสมุดภาพเช่นนี้มาทำการเผยแผ่ในประเทศเอเชีย โดยเฉพาะประเทศไทย สมุดภาพดังกล่าวจะช่วยในการตัดสินใจเกี่ยวกับการรับการรักษาโรคมะเร็งเต้านมและเยียวยาสภาพทางจิตใจของผู้ป่วยหรือไม่

5. บทบาทผู้สัมภาษณ์และผู้ให้การสัมภาษณ์ **(Interviewer/Interviewee Role)**
ดิฉันขอให้ท่านทำตัวตามสบายเสมือนว่าโครงการนี้เป็นส่วนหนึ่งของท่าน ดิฉันมีความรู้สึกสนใจในประสบการณ์ของท่านเป็นอย่างมาก หากท่านรู้สึกเช่นไร ขอให้ท่านรู้สึกเป็นกันเองและได้โปรดรับรู้ว่าผู้วิจัยยินดีเป็นอย่างยิ่งที่จะรับฟังเรื่องราวเกี่ยวกับตัวท่าน

6. **ขั้นตอนการศึกษา (Explain Taping Procedures)**
ผู้วิจัยมีความประสงค์ที่จะขออนุญาติ ในการใช้เครื่องอัดเสียงดิจิตอลขณะที่กำลังทำการสัมภาษณ์ซึ่งมีระยะเวลาในการสัมภาษณ์ 1.5 ชั่วโมงโดยการวิจัยในครั้งนี้เพื่อความสะดวกและเที่ยงตรงในข้อมูล

7. **วิธีการรักษาความลับข้อมูลส่วนบุคคลของผู้เข้าร่วมการวิจัย (Assure Interviewee of Confidentiality)**
ข้าพเจ้านางสาวจุฬารัต ผดุงชีวิต ขอให้คำรับรองว่าจะเก็บข้อมูลเกี่ยวกับท่านเป็นความลับและจะเปิดเผยเฉพาะในรูปที่เป็นการสรุปการวิจัยโดยไม่ระบุตัวบุคคลผู้เป็นเจ้าของข้อมูล นอกจากนั้นข้อมูลการสัมภาษณ์ทั้งหมดจะถูกลบทิ้งทั้งหมด หลังจากงานวิจัยเสร็จสิ้น และข้อมูลของท่านจะถูกเก็บไว้เป็นอย่างดีโดยใช้ระบบคอมพิวเตอร์ในการรักษาความลับของข้อมูลส่วนบุคคลของท่านโดยมีรหัสลับในการป้องกันข้อมูลรั่วไหลในการการวิจัย

8. เวลาในการสัมภาษณ์ **(Time Frame of Interview)**
การสัมภาษณ์มีระยะเวลาในการสัมภาษณ์ 1.5 ชั่วโมง โดยการวิจัยในครั้งนี้เริ่มตั้งแต่เดือนมิถุนายน ถึงเดือนกรกฎาคม ปีพุทธศักราช 2552

9. **หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัย (Obtain Informed Consent)**
ก่อนที่ผู้วิจัยจะเริ่มสัมภาษณ์ มีความประสงค์จะขอชี้แจงรายละเอียดของการยินยอมเข้าร่วมวิจัยในครั้งนี้ ข้อมูลการสัมภาษณ์ทั้งหมดจะถูกลบทิ้งทั้งหมด หลังจากงานวิจัยเสร็จสิ้นการเข้าร่วมงานวิจัยในครั้งนี้ความสมัครใจของท่านในการเข้าร่วมและท่านสามารถใช้สิทธิ์ในการไม่ตอบคำถามและหยุดการสัมภาษณ์ได้ทุกเมื่อ

10. **ค่าตอบแทนที่จะได้รับเมื่อเข้าร่วมโครงการวิจัย (Providing Compensation)**
ผู้เข้าร่วมงานวิจัยทุกคนจะได้รับบัตรกำนัลเงินสดคนละ 500 บาทในการเสียสละเวลาเข้าร่วมในโครงการวิจัย

11. คำถามเกี่ยวกับข้อสงสัยในการทำวิจัย **(Questions)**
หากเอกสารนี้มีข้อความใดที่ท่านอ่านแล้วไม่เข้าใจ โปรดสอบถามได้ทุกเมื่อที่ข้าพเจ้านางสาวจุฬารัต ผดุงชีวิต ที่เบอร์: 081-890-1057 หรือส่งอีเมลล์มาที่ jpadunch@iupui.edu.นอกจากนั้นท่านสามารถติดต่อหัวหน้าโครงการวิจัยทั้งสามท่านได้

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เพื่ออธิบายจนกว่าจะเข้าใจชัดเจนดี นอกจากนี้ท่านสามารถนำเอกสารนี้กลับไปที่บ้านเพื่ออ่านและทำความเข้าใจหรือปรึกษาหารือกับครอบครัวหรือเพื่อนหรือแพทย์ที่ทำการรักษาท่านเพื่อช่วยในการตัดสินใจเข้าร่วมการวิจัยครั้งนี้ได้ การสัมภาษณ์จะเริ่มจากคำถามทั่วไป หลังจากนั้นจึงเป็นคำถามหลักและคำถามปิดท้าย

12.คำถามทั่วไป (Background Questions)

1. ชื่อ (Subject)

2. อายุ (Your Age)

3. ระดับการศึกษาสูงสุด (What is the highest level of education that you have completed?

3.1 ระดับประถมศึกษา (Grade 8)

3.2 ระดับมัธยม (High School)

3.3 สายอาชีพ (2-year business, vocational, technical school)

3.4 อนุปริญญา/ปวส.(Some College)

3.5 ระดับปริญญาตรี (4 Year College Degree)

3.6 สูงกว่าปริญญาตรี (Graduate Degree)

4. สถานภาพการทำงาน (What is your current employment situation?)

4.1 ทำงานเต็มเวลา (Working full-time)

4.2 ทำงานชั่วคราว (Working Part-time)

4.3 ว่างงานและ ไม่ได้แสวงหาการทำงาน (Unemployed and not seeking employment)

4.4 ว่างงานและ กำลังหางานทำ (Unemployed and seeking employment)

4.5 ปลดเกษียณ (Retired)

4.6 แม่บ้าน (Homemaker)

4.7 นักเรียน นักศึกษา (Student)

5. อาชีพ (What is your main occupation)

6. เชื้อชาติ สัญชาติ (What is your racial-ethnic background)

6.1 อเมริกันอินเดียน หรืออลาสกา(American Indian or Alaska Native)

6.2 เอเชีย (Asian or Pacific Islander)

6.3 แอฟริกันอเมริกัน (African American)

6.4 สเปน (Hispanic)

6.5 อเมริกัน (White)

6.6 อื่นๆ (Other)

7. รายได้ปีที่แล้ว (What do you estimate your total family income was last year?)

7.1 0 - 175,000 Baht ($0-$5,000)

7.2 175,035 - 350,000 บาท (Baht) ($5,001-$10,000)

7.3 350,035 - 525,000 บาท (Baht) ($10,001-$15,000)

7.4 525,035 - 700,000 บาท (Baht) ($15,001-$20,000)

7.5 700,035 - 875,000 บาท (Baht) ($20,001-$25,000)

7.6 875,035 - 1,050,000 บาท (Baht) ($25,001-$30,000)

7.7 1,050,035 - 1,225,000 บาท (Baht) ($30,001-$35,000)

7.8 1,225,035 - 1,575,000 บาท (Baht) ($35,001-$45,000)

7.9 1,575,035 - 1,925,000 บาท (Baht) ($45,001-$55,000)

7.10 1,925,035 - 2,625,000 บาท (Baht) ($55,001-$75,000)

7.11 2,625,035 - 3,500,000 บาท (Baht) ($75,001-$100,000)

7.12 มากกว่า 3,500,035 บาทขึ้นไป ($100,001 or above)

8. สถานภาพสมรส (Are you currently…)

8.1 สมรส (Married)

8.2 สมรสแต่แยกกันอยู่ (Married, Separated)

8.3 มีปัญหาทางชีวิตสมรส (In a serious relationship with partner)

8.4 โสดเพราะอย่าร้าง (Single, Divorced)

8.5 โสดและไม่ได้แต่งงาน (Single, Never married)

8.6 โสดเพราะเป็นหม้ายสมรส (Single, Widowed)

9. ท่านสมรสเป็นระยะเวลานานเท่าใด (If you are currently married, how long have you been married?)

10.ท่านสมรสมาเป็นระยะเวลานานเท่าใดตั้งแต่ได้รับการวินิจฉัยจากแพทย์ว่าท่านเป็นมะเร็งเต้านม (If you are married, how long were you married when you were first diagnosed with breast cancer?)

11. ท่านมีบุตรจำนวนกี่คน (How many children do you have?)

12. อายุบุตร (If you have children, please list their age)

13.โปรดกากบาทข้อที่ท่านเคยมีประสบการณ์เข้าร่วมอาสาสมัครตั้งแต่เป็นมะเร็งเต้านม (Please CHECK all of the activities you are currently participating in to help other women with breast cancer)

13.1 เดินรณรงค์ (Relays, Walks, Runs, Marathons, etc,)

13.2 เข้าร่วมกลุ่มสนันสนุน (Support Group (s))

13.3 เข้าร่วมกลุมทางศาสนา (Church Group (s))

13.4 เคยเป็นผู้แนะนำประสบการณ์มะเร็งเต้านม (Mentoring other women)

13.5 เคยเป็นผู้นำทางเวปไซต์ (Internet Support Group (s))

13.6 อื่นๆ (Other)

13.7 อื่นๆ (Other)

13.8 อื่นๆ (Other)

13.คำถามหลัก (Main Questions)

ขอบพระคุณท่านมา ณ ที่นี้สำหรับข้อมูลคำถามทั่วไป ผู้วิจัยจะเริ่มทำการ สัมภาษณ์ตั้งแต่ ณ บัดนี้ถ้าหากมีคำถามข้อใดที่สะเทือนใจของท่าน
หรือท่านมีความประสงค์ไม่ตอบโปรดบอกผู้วิจัยได้ทันที เพื่อข้ามไปยังคำถามข้อต่อๆไป
ท่านมีคำถามใดๆ ที่จะถามผู้วิจัยก่อนที่จะเริ่มสัมภาษณ์หรือไม่
ถ้าหากท่านไม่มีข้อข้องใจใดๆ ผู้วิจัยขอเริ่มต้นสัมภาษณ์ ณ บัดนี้

<u>คำถามก่อนสัมภาษณ์ด้วยสมุดภาพ</u> **(General questions before Discussing the Photographs)**

: เรื่องราวของท่านเกี่ยวกับประสบการณ์ของโรคมะเร็งเต้านม (เกิดอะไรขึ้นกับท่านบ้าง, ท่านได้รับการรักษาแบบไหน, การรักษาเป็นอย่างไรบ้าง, เคยรับการรักษารังสีบำบัดหรือเคมีบำบัดหรือไม่,ครอบครัวเคยมีประสบการณ์ของมะเร็งเต้านม หรือไม่, เข้าร่วมกลุ่มสนับสนุนมะเร็งเต้านมบ้างหรือไม่, มีการเปลี่ยนแปลงทางร่างกายและจิตใจหรือไม่หลังจากเป็นมะเร็งเต้านม)

:วัตถุประสงค์ที่หนึ่ง (Aim One)
คำถามต่อไปนี้เป็นการประเมิณว่าผู้ป่วยไทยมี (ปฏิกิริยา) หรือ "Reaction" ต่อสมุดภาพอย่างไร

<u>ความรู้สึกต่อสมุดภาพ</u>
ท่านรู้สึกอย่างไรต่อสมุดภาพเล่มนี้ขณะพิจารณาภาพทั้งหมดของผู้หญิงอเมริกันที่เป็นมะเร็งเต้านมเช่นเดียวกับท่าน (ท่านมีความรู้สึกอย่างไร,สมุดถาพเช่นนี้มีความหมายกับตัวท่านเองหรือไม่, รูปภาพพวกนี้เปรียบเทียบกับประสบการณ์ของท่านต่อโรคมะเร็งอย่างไร, รู้สึกอย่างไรต่อสมุดภาพนี้)

:วัตถุประสงค์ที่สอง (Aim Two)
คำถามต่อไปนี้เป็นการประเมิณว่าผู้ป่วยไทยมี (การเกี่ยวโยงเรื่องราว) หรือ "Relatedness" ต่อรูปภาพทั้งหมดอย่างไรภายในสมุดภาพ

<u>ความรู้สึกต่อรูปภาพ</u>
หลังจากท่านพิจารณาทีละรูปภาพรวมทั้งสิ้น17ภาพในสมุดเล่มนี้ มีภาพไหนที่ท่านมีความประสงค์ที่จะเริ่มในการพูดถึงก่อนมากที่สุด, ท่านพบว่ามีภาพใดเป็นพิเศษที่มีความหมายสำหรับตัวท่านเองหรือไม่
(ถ้าหากมีท่านคิดว่าเพราะเหตุใด รูปภาพนั้นถึงมีความหมายกับตัวท่าน, มีภาพใดเป็พิเศษหรือไม่ที่ท่านสามารถเกี่ยวโยงกับภาพนั้นๆ หรือไม่สามารถเกี่ยว-โยงกับภาพนั้นๆ

:วัตถุประสงค์ที่สาม (Aim Three)
คำถามต่อไปนี้เป็นการประเมิณว่าผู้ป่วยไทยมี (คำแนะนำ) หรือ "Recommendations" ต่อสมุดภาพอย่างไร
<u>คำแนะนำการใช้สมุดภาพ</u>

ท่านคิดว่าสมุดภาพเล่มนี้มีประโยชน์กับผู้ป่วยหรือผู้รอดชีวิตจากโรคมะเร็ง

เต้านมหรือไม่
(ท่านมีคำแนะนำต่อการนำไปใช้สมุดภาพนี้อย่างไร, ที่ไหนและเมื่อไร
ที่เหมาะแก่การใช้สมุดภาพเล่มนี้, ถ้าหากสมุดภาพนี้เกิดใช้แพร่หลาย
ในสาธารณะ ท่านจะมีความคิดเห็นว่าอย่างไร, ถ้าหากช่างภาพต่างชาติ
ขอความสมัครใจจากท่านในการถ่ายรูปตัวท่านลงสมุดภาพเช่นนี้
ท่านจะมีความยินดีในการร่วมมือกับช่างภาพหรือไม่

14.คำถามปิดท้าย (Closing Questions)

1. มีสิ่งใดที่ท่านจะพูดถึงเกี่ยวกับประสบการณ์ของท่านอีกหรือไม่

2. ท่านมีสิ่งใดจะถามผู้วิจัยอีกหรือไม่

15.ขอบพระคุณในความร่วมมือของท่าน (Thank You)

ขอบพระคุณท่านเป็นอย่างยิ่งที่เสียสละเวลามาเพื่อสัมภาษณ์ในครั้งนี้
ถ้าหากท่านมีคำถามหรือสงสัยสิ่งใด โปรดโทรศัพท์ติดต่อผู้วิจัยได้ทุกเมื่อ

REFERENCES

Atkinson, Rowland and John Flint. 2001. "Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies." *Social Research Update* 33.

Amaya, Hector. 2004. "Photography as Technology of the Self: Matuschka's Art and Breast Cancer." *International Journal of Qualitative Studies in Education* 17:557-73.

Barhar, Saba. 2003. "If I'm One of the Victims, Who Survives?: Marilyn Hacker's Breast Cancer Texts." *Signs* 28:1025-52.

Bell, Susan. E. 2002. "Photo Images: Jo Spence's Narratives of Living with Illness." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 6:5-30.

Bell, Susan. E. 2006. "Living with Breast Cancer in Text and Image: Making Art to Make Sense." *Qualitative Research in Psychology* 3:31-44.

Bishop, Amie, Alla Kovtun, Svitlana Okromeshko, Svetlana Karpilovskaya, and Natalya Suprun. 2001. "Lives Renewed: The Emergence of a Breast Cancer Survivor Movement in Ukraine." *Reproductive Health Matters* 9:126-34.

Blinn-Pike, Lynn, Betsy Fife, Sarah Aktepy, Whitney Hendress, and Adrian McGuire. 2008a. "Women Who Have Had Breast Cancer: Views about Postmodern Artistic Photographs of Other Women with the Same Disease." Department of Sociology, Indiana University-Purdue University, Indianapolis, IN. Submitted for Review.

Blinn-Pike, Lynn. 2008b. "How Women with Breast Cancer: The Life Impact of Narrative on a Modern Malady." Medical Humanities Symposium, Indianapolis.

Blumer, Herbert. 1969. *Symbolic Interactionism: Perspective and Method*. Upper Saddle River, NJ: Prentice Hall.

Bower, Julienne E., Beth E. Meyerowitz, Katherine A. Desmond, Coen A. Bernaards, Julia H. Rowland, and Patricia A. Ganz. 2005. "Perceptions of Positive Meaning and Vulnerability Following Breast Cancer: Predictors and Outcomes Among Long-Term Breast Cancer Survivors." *Annals of Behavioral Medicine* 29:236-45.

Cartwright, Lisa. 1998. "Community and the Public Body in Breast Cancer Media Activism." *Cultural Studies* 12:117-38.

Charmaz, Kathy. "The Body, Identity, and Self: Adapting to Impairment." *Sociological Quarterly* 36:657-80.

Charmaz, Kathy. 1983. "Loss of Self: A Fundamental Form of Suffering in the Chronically Ill." *Sociology of Health and Illness* 5:167-95.

Charmaz, Kathy. 2006. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. California: SAGE.

Esterberg, Kristin G. 2002. *Qualitative Methods in Social Research*. Boston: McGraw Hill.

Fife, Betsy Louise. 1990. "Coping with the Crisis of Breast Cancer: A Process of Emotional Management." Ph.D. dissertation, Department of Sociology, Indiana University.

Fox, Nicholas J. 1994. *Postmodernism, Sociology, and Health*. Toronto and Buffalo: University of Toronto Press.

Foucault, Michel. 1980. *The Eye of Power in 'Power/Knowledge'* Edited by C. Gordon. and Brighton: Harvester.

Frank, Arthur W. 1995. *The Wounded Storyteller*. Chicago: University of Chicago Press.

Freidson, Eliot. 1988. "Profession of Medicine: A Study of the Sociology of Applied Knowledge." *Journal of Biology and Medicine* 36:205-23.

Frith, Hannah and Diana Harcourt. 2007. "Using Photographs to Capture Women's Experiences of Chemotherapy: Reflecting on the Method." *Qualitative Health Research* 17:1340-50.

Gabe, Jonathan, Mike Bury, and Mary Ann Elston. 2007. *Key Concepts in Medical Sociology*. Thousand Oak: SAGE.

Gagne, Patricia and Deanna McGaughey. 2002. "Designing Women: Cultural Hegemony and the Exercise of Power among Women Undergone Elective Mammoplasty." *Gender and Society* 16:814-38.

Ganz, P. A., J. H. Rowland, B. E. Meyerowitz, and K. A. Desmond. 1998. "Impact of different adjuvant therapy strategies on quality of life in breast cancer survivors." *Recent Results Cancer Research* 152:396-411.

Good, Mary-Jo Del Vecchio, Byron J. Good, Cynthia Schaffer, and Stuart E. Lind. 1990. "American Oncology and the Discourse on Hope." *Culture, Medicine, and Psychiatry* 14:59-79.

Hall, Lisa Cox. 1998. "Illness, Identity, and Survivorship: Modern and Postmodern Breast Cancer Narratives." *Illness, Crisis & Loss* 6:255-74.

Henson, Helene K. 2002. "Breast Cancer and Sexuality." *Sexuality and Disability* 20:261-75.

Hoffman, Sharon. 2004. "Living Stories: Modern Storytelling as a Call for Connection." *The Humanistic Psychologist* 32:379-400.

Jirojwong, Sansnee and Robert MacLennan. 2002. "Health Beliefs, Perceived Self-Efficacy, and Breast Self-Examination among Thai Migrants in Brisbane." *Journal of Advanced Nursing* 41:241-49.

Jordan, Susan, Lynette Lim, Duangkae Vilainerun, Emily Banks, Nintila Sripaiboonkij, and Adrian Sleigh Sam-ang Seubsman, and Christopher Bain. 2009." Breast Cancer in the Thai Cohort Study: An Exploratory Case-Control Analysis." *Breast*.

Kaiser, Karen. 2008. "The Meaning of the Survivor Identity for Women with Breast Cancer." *Social Science & Medicine* 67:79-87.

Kaw, Eugenia. 1993. "Medicalization of Racial Features: Asian American Women and Cosmetic Surgery." *Medical Anthropology Quarterly, New Series* 7:74-89.

Kleinman, Arthur. 1980. *Patients and Healers in the Context of Culture*. Berkley: University of California Press.

Kleinman, Arthur. 1988. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books.

Klawiter, Maren. 1999. "Racing for the Cure, Walking Women, and Toxic Touring: Mapping Cultures of Action within the Bay Area Terrain of Breast Cancer." *Social problems* 46:104-26.

Knobf, M. Tish. 2007. "Psychosocial Responses in Breast Cancer Survivors." *Seminars in Oncology Nursing* 23:71-83.

Kupper, Petra. 2008. "The Scar of Visibility: Medical Performances and Contemporary Art." *Visual Studies* 179-80.

Lash, Susan. 1991. "Gynecology and the Body: Foucault/ Deleuze/ Neitzsche." in *The Body*, edited by M. H. a. B. S. Turner. London: SAGE.

Love, Susan M., and Karen Lindsey. 2000. *Dr. Susan Love's Breast Book*. Massachusetts: Perseus Publishing.

Lopez, Ellen. D., Eugenia Eng, Elizabeth Randall-Davis, and Naomi Robinson. 2005. "Quality of life concerns of African American breast cancer survivors within rural North Carolina: Blending the Techniques of Photovoice and Grounded Theory." *Qualitative Health Research* 15:99-115.

Mathews, Holly F. 2009. "Quality of Life Concerns of African American Breast Cancer Survivors within Rural North Carolina: Blending the Techniques of Photovoice and Grounded Theory." *Qualitative Health Research* 14:394-413.

Mathews, Holly F, Donald R. Lannin, and James P. Mitchell. 1994. "Coming to Terms with Advanced Breast Cancer: Black Women's Narratives From Eastern North Carolina." *Social Science and Medicine* 38:789-800.

Maldonado, Randi. 1995. "Mastectomy and Sexual Identity: The Reconstruction of Self-Image." *Trends in Health Care, Law & Ethics* 10:45-52.

Martinez, Gloria. 2006. "My Body Is Not the Same: Body and Sexuality for White and Latina Long-Term Breast Cancer Survivor." Pp. 232-44 in *Doing Gender Diversity: Readings in Theory and Real-World Experience*, edited by R. F. P. a. L. M. Maurer: West View Press.

Meyerowitz, B., Desmond, K., Rowland, J., Wyatt, G., and Ganz, P. 1999. "Sexuality Following Breast Cancer." *Journal of Sex and Marital Therapy* 25:237-50.

Mols, Floortje, Ad J.J.M. Vingerhoets, Jan Willem Coebergh, and Lonneke V. Van de and Poll-Frans. 2005. "Quality of Life Among Long-Term Breast Cancer Survivors: A Systematic Review." *European Journal of Cancer* 41:2613-19.

Mullen, F. 1985. "Seasons of Survival: Reflections of a Physician with Cancer." *Nursing English Journal of Medicine* 313:270-73.

Murphy, E. and R. Dingwell. 2003. "Judging the Quality of Qualitative Research." Pp. 171-204 in *Qualitative Methods and Health Policy Research*. New York: Walter de Gruyter.

Myers, Art and Maria Marrocchino. 1996. *Winged Victory: Altered Images, Transcending Breast Cancer*. San Diego: Photographic Gallery of Fine Art Books.

Nagy, Sharlene Hesse-Biber, and Denise Leckenby. 2004. "How Feminists Practice Social Researc." in *Feminist Perspectives on Social Research*. New York: Oxford University Press.

National Cancer Institution (NCI). 2008. "Surveillance Epidemiology and End Results. " Retrieved Jan 29, 2009 (http://seer.cancer.gov/statfacts/html/breast.html).

Nelson, Jenenne. P. 1996. "Struggling to Gain Meaning: Living with the Uncertainty of Breast Cancer." *Advances in Nursing Science* 18:59-76.

Nagy, Sharlene Hesse-Biber and Denise Leckenby. 2004. *Feminist Perspectives on Social Research*. New York: Oxford University Press.

Online Manager Newspaper. 2008. "Danger! Increasing Breast cancer in Thai Women More than 6,000 Per Year." Retrieved February 10, 2009. (file:///Users/jpadunch/Desktop/Breast%20cancer/BC%20in%20Thai%201).

Online Thai Government Public Relations Department online news. 2009. "Uttaradit Hospital Recently Launches the Project of Free Breast Prosthesis in order to Fight for Breast Cancer Disease." Retrieved April 15, 2009. (http://news.sanook.com/scoop/scoop_353190.php).

Parsons, Talcott. 1951. *The Social System*. New York: The Free Press of Glencoe.

Pelusi, Jody. 2006. "Sexuality and Body Image." *The American Journal of Nursing* 106:32-8.

Predeger, Elizabeth. 1996. "Womanspirit: A Journey into Healing through Art in Breast Cancer." *Advances in Nursing Science* 18:48-58.

Schag, C. Anne Coscarelli, Patricia A. Ganz, Margaret L. Polinsky, Carol Fred, Karim and Laura Peterse Hirji. 1993. "Characteristics of Women at Risk for Psychosocial Distress In the Year After Breast Cancer." *Journal of Clinical Oncology* 11:783-93.

Schover, Leslie. R. 1991. "The Impact of Breast Cancer on Sexuality. Body Image, and Intimate Relationships." *A Cancer Journal for Clinicians* 41:112-20.

Sheaff, Michel. 2005. *Sociology & Health Care: An Introduction for Nurses and Allied Health Professionals*. New York: Open University Press.

Sirisupluxana, Piriyalux, Kasara Sripichyakan, Tipaporn Wonghongkul, Hunsa and Penny F. Pierc Sethabouppha. 2009. "The Meaning of Complementary Therapy from the Perspective of Thai Women with Breast Cancer." *Journal of Nursing and Health Sciences* 11:64-70.

Thongsuksai, Paramee, Virasakdi Chongsuvivatwong, and Hutcha Sriplung. 2000. "Delay in Breast Cancer Care: A Study in Thai Women." *Medical Care* 38:108-14.

Ucok, Ozum. 2005. "The Meaning of Appearance in Surviving Breast Cancer." *Communication & Medicine* 4:68-78.

Vivar, Cristina and Anne McQueen. 2005. "Informational and Emotional Needs of Long-Term Survivors of Breast Cancer." *Journal of Advanced Nursing* 51:520-28.

Wallace, Ruth A. and Alison Wolf. 2005. Contemporary Sociological Theory. New Jersey: Upper Saddle River.

Wonghongkul, Tipaporn, Nitaya Dechaprom, Laddawan Phumivichuvate, and Samaporn Losawatku. 2006. "Uncertainty Appraisal Coping and Quality of Life in Breast Cancer Survivors." *Cancer Nursing* 29:250-57.

CURRICULUM VITIE

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Education

Spring 2010	M.A. Sociology at Indiana University
2002- 2006	Bachelor of Arts in political science (second class honor), major in Anthropology and Sociology, minor in Research at Chulalongkorn University, Henry Dunant Road, Bangkok, Thailand.

Research and Training Experience

Summer 2009 to Fall 2009	Project of Thai Breast Cancer Patients: Experiences and Views about Photographs of Other Women with the Same Disease. Principal Professor: Lynn Blinn-Pike, PhD (IUPUI)
Fall 2009	Project of Sexuality, Body Image, and Breast Cancer: A Case Study of Asian (Thai) Female Breast Cancer Patients: Views about Postmodern Artistic Photographs of Other Women with the Same Disease. Professor: Colin J. Williams, PhD (IUPUI)
Spring 2009	Project of Handling My Illness: A Grounded Theory of Living after Non-Invasive Breast Cancer. Professor: Carrie E. Foote, PhD (IUPUI)
Spring 2009	Project of Analysis of the Causative Factors of Large Disparity of Life Expectancies. Professor: Ain Hass, PhD (IUPUI)
Spring 2008	Project of A Content Analysis of Emerging Adults' Photographs on Hi5 and Facebook Social Networking Website: Comparing Asian and American Social Identity. Professor: Lynn Blinn-Pike, PhD (IUPUI)
Spring 2008	Project of You Tube Effects. Professor: Aye-Nu Duerksen, PhD (IUPUI)
Spring 2008	Project of Causative Factors for Women and Men's Decision to have Cosmetics Surgery. Professor: Carol Brooks Gardner, PhD (IUPUI)

Fall 2008	Project of Fashion, Identity, and Self-Presentation: The Comparative Study of Fashion Ability between African American and White Adolescent Females on Flickr, Online Image Sharing. Professor: Tamara G.J. Leech, PhD (IUPUI)
Fall 2008	Project of Causative Factors of Large Disparities Between Life Expectancies of Whites and Racial/Ethnic Minorities in the United States. Professor: William P. Gronfein, PhD (IUPUI)
March 2006	Project of Medical Hubs, hosted by Thai International airways
January 2006	Project of Pathways of Buddhism Practice to Spiritual Well-being from Thai Senior's Perspective
January 2006	Project of Health Promotion, Lamphang, the Northern Part of Thailand
December 2006	Project of Globalization, Ching-Rai Province, the Northern part of Thailand
September 2005	Project of Tsunami, Pung-Ngah Province, the Southern Part of Thailand

University Involvement

Spring 2008	Vice President of Thai Association (TAIP) (IUPUI)
Spring 2008	A Representative Presenter for Asian Fashion Model (IUPUI)
Fall 2008	Representative Presenter for Asian Pacific Islander Fashion Model (IUPUI)

Professional Experience

May 2005	A Management trainee in Organizational Effectiveness Team, Best Way Cleaning Co., Ltd., Bangkok, Thailand
April 2005	A Trainee at the Secretariat of Senate, Foreign Bureau, Bangkok, Thailand

Community Involvement

January 2007	Interviewee in the Issue of Social Crisis, Hosted by Asia Satellite Television (ASTV)

January to December 2006	DJ. in Fm.95.75 MHz's Host of Radio Teen Program Entitled "Teens Sojourning" broadcast on every Sundays: 7.30 – 8.00 A.M.

Professional Association Membership

Spring 2008-Present	International Visual Sociology Association (IVSA)